EXTERNAL REVIEW INTO MATTERS RELATING TO THE SYSTEM OF DEALING WITH CHILD ABUSE IN WINNIPEG

FINAL REPORT
MARCH 1987

72 Niagara St.
Winnipeg, Manitoba
R3N 0T9

March 23, 1987.

The Hon. M. Smith
Minister of Community Services
Government Of Manitoba
Legislative Buildings
Winnipeg, Manitoba.

Dear Mrs. Smith:

Please receive this document as the final report of our findings with reference to child abuse services in Winnipeg. We hope that it will be of assistance to you in your government's deliberations concerning these matters.

Yours truly,

Eric Sigurdson
Eric Sigurdson.

Grant Reid
Grant Reid.

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INTO
MATTERS RELATING TO THE SYSTEM OF DEALING WITH CHILD ABUSE IN WINNIPEG

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MARCH, 1987

REVIEW TEAM:

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TABLE OF CONTENTS

PAGE

INTRODUCTION 1

RECOMMENDATIONS 7

SECTION I

BACKGROUND.................................... 20
- Legislation................................ 20
- Native Child Welfare....................... 22
- Kimelman Report............................ 23
- The Children's Aid Society of Winnipeg....... 24
- Multiple Child Welfare Models.............. 24
- Normalization.............................. 25
- Multidisciplinary Approach................. 25
- The Review................................. 26
- REVIEW PROCESS............................. 28

SECTION II

CHILD ABUSE REPORTING PROCESS..................... 33
- TEACHERS................................... 35
- DAY CARE................................... 38
- NURSES 39
- PHYSICIANS................................. 41
- MEDICAL UNITS.............................. 42
- CITIZENS................................... 42

SECTION III

SYSTEM RESPONSE: THE POLICE...................... 46
- Winnipeg City Police....................... 46
- Royal Canadian Mounted Police.............. 55

SECTION IV

SYSTEM RESPONSE: HOSPITAL-BASED MEDICAL UNITS AND THE CHILD PROTECTION CENTRE.................. 60

PAGE

SECTION V

SYSTEM RESPONSE: CHILD AND FAMILY SERVICES....... 69
  Service Delivery.............................. 74
  Workload...................................... 75
  Demographics.................................. 78
  Generic Social Work........................... 84
  Homemakers.................................... 87
  Follow-up Services............................ 88
  PREVENTION.................................... 91
  FUNDING OF THE WINNIPEG CHILD AND FAMILY SERVICES SYSTEM.............................. 97
  Definitions................................... 117

SECTION VI

PLACEMENT RESOURCES.............................. 123
  Receiving Resources........................... 129
  Winnipeg Receiving Resources Incorporated.... 129
  Seven Oaks Youth Centre....................... 133
  Foster Parents................................ 145
  Group Homes................................... 150
  Professional Parenting Programs............... 154
  Institutions.................................. 155

SECTION VII

TREATMENT SERVICES FOR ABUSED CHILDREN........... 163
  CHILD AND FAMILY SERVICES AGENCIES........... 166
  COMMUNITY MENTAL HEALTH SERVICES............. 168
  HOSPITAL-BASED MENTAL HEALTH SERVICES........ 171
  CHILD GUIDANCE CLINIC........................ 172
  PHYSICIANS................................... 176
  CORRECTIONS.................................. 178
  CLERGY....................................... 183
  PRIVATE THERAPISTS........................... 183

SECTION VIII

NATIVE AGENCIES.................................. 189

PAGE

SECTION IX

CHILD AND FAMILY SERVICES - INTERDISCIPLINARY ISSUES.......................... 195
  Interdepartmental Protocols.................... 195
  Consultation - Physical and Sexual Abuse Committees.............. 197
  Child Advocacy.............................. 210
  Third Party Assault.......................... 214
  COURT PROCESS............................... 216
  TRAINING.................................... 220

SECTION X

JURISDICTIONAL CONFLICT BETWEEN THE AGENCIES AND THE DEPARTMENT.............................. 233
  FINANCIAL MANAGEMENT......................... 240
  CLIENT APPEALS.............................. 245
  MANAGEMENT INFORMATION SYSTEMS............... 254
  STANDARDS................................... 263
  Structural Standards......................... 265
  Procedural Standards......................... 266
  Outcome Standards............................ 269
  REGISTRY.................................... 270

SECTION XI

COORDINATION: CHILD AND FAMILY SERVICES AGENCIES................................ 276
COORDINATION WITH OTHER ORGANIZATIONS............. 280
INTRAGOVERNMENTAL COORDINATION.................... 283

SECTION XII

CHILD DEATHS..................................... 289
  THE CHIEF MEDICAL EXAMINER................... 291
  RISK.. 296
  Parents at Risk............................. 301
  Children at Risk............................ 305
  Child Abuse Risk Index...................... 317

PAGE

LIST OF DIAGRAMS, CHARTS AND TABLES 323

APPENDIX

- INTERVIEW LIST: INDIVIDUALS 326
- INTERVIEW LIST: ORGANIZATIONS 330
- HOSPITAL PROTOCOLS 332
- LEGAL OPINION 337

- BRIEFS AND LETTERS RECEIVED:

  - W.A.T.C.H. 340
  - St. Boniface General Hospital 341
  - Pacific Legal Education Association.(PLEA) ... 344
  - Child Protection Centre 346
  - Deputy Minister of Health 349
  - Canadian Mental Health Association 352
  - Ombudsman Manitoba 357
  - Manitoba Association of Social Workers 359
  - Manitoba Foster Parents' Association Inc. ... 365
  - Family Services of Winnipeg Inc. 369
  - Child and Family Services of Central Winnipeg 375

BIBLIOGRAPHY 386

INTRODUCTION

The current realities of child and family services in Winnipeg have been substantially determined by the enormous number of abused children that have been identified in recent years. As a consequence of this unforeseen demand, the present system is severely overstressed and it is able to provide only basic services. This problem is experienced in common with most North American and European countries. At the time that these systems were planned, no one realized the degree to which child abuse was an ingrained part of our cultures.

When the six regional Agencies were created, the new Child and Family Services Act had the specific intention of providing services to children and their families whenever possible and enabling a consequent decrease in our reliance on institutional services for children. This has not occurred as there are insufficient resources to provide these services. The increased accessibility of the new system has been responsible for a greatly improved ability to detect abused children. A consequence of these changes is that workers are preoccupied with those situations where there is clear and present danger to children and very little time is available to do preventative work. Without a substantial increase in funding for this system, the present situation will inevitably worsen. As it is futile to attempt to improve this system without adequate resources, the Review Team has recommended that $2,000,000.00 be allocated to the Agencies as an increase to their baseline budgets to hire more casework staff. This will also require that another $2,000,000.00 be allocated to the child maintenance budget to deal with the increased costs for children that will be a result of the activity of the new staff.

The budgets for this system since 1980 indicate that there has been a considerable transfer of resources from institutional services to the hiring of child and family services staff. To the degree that this represents a greater child-centered focus, this is an improvement. However, there is a particular problem with regard to emergency care beds for children.

While the movement towards community care is commendable, it is vitally important that a balance is retained in the types of resources which are available. If the number of available spaces in child care institutions is reduced, there will be a corresponding reduction in that particular budget line but it may occur at the cost of increased expenditures elsewhere and at the price of possible increased risk to children who have been abused. If, for example, there are an insufficient number of emergency care beds, a worker may devote a considerable amount of time attempting to secure a safe place for a child. If there are no beds available, the result may be that the child is simply sent back home as there is no better option available. The result in this situation is that the worker has produced very little benefit for the time devoted to this matter and the net result for the child is that he or she is back in a situation where re-abuse is a distinct possibility. We must retain a variety of options in the continuum of services for children and respond creatively to the issues with new ideas such as professional parenting which can provide means of helping children in a fashion that is both humane and cost-effective. The Review Team estimates that approximately $680,000.00 is required to add 20 emergency beds to the system.

Another undesirable practice is the placement of children in extended family settings without a full and formal evaluation of the home. While this practice no doubt emerges from workers being forced to develop means to deal with their excessive workload, it is obvious that this can be extremely dangerous for the child in question. No child should ever again be placed in a residence without a proper investigation of that residence.

One of the most striking facts of current work with abused children is that there is no agreement on the means of measuring risk. It is not surprising, therefore, that different systems enact different policies and that the seriousness with which a matter is greeted is to a significant degree dependent upon the particular organization that a child encounters. While this is not unique to Winnipeg, we must achieve an improved understanding and uniformity of response to the predictors of child abuse if we are to improve our ability to minimize the re-abuse of children. The Review Team's analysis of child deaths reveals the need for not only a reliable risk assessment tool, but also standards to which the Agencies are accountable and a willingness to review all child abuse deaths in a fashion that permits the system to learn from its mistakes.

While the regional Child and Family Services Agencies are intended to be community-based institutions, the present administrative structure is still heavily centralized and, as a result, it is predictable that there are severe organizational problems within the system. Evidence of these problems is to be found in the tension between the Agencies and the Child and Family Support Branch concerning operational matters. The continuing presence of the Department of Community Services at this level of activity increases the inefficiency of the system and produces unproductive disputes concerning jurisdictional issues. This administrative confusion is both unproductive and expensive.

Conversely, there is an almost complete absence of those centralized functions that one would normally expect from government in this type of organizational structure. There are, in practice, virtually no standards of service; a Management Information System is non-existent; most records are kept in an archaic fashion; and the planning system is rudimentary. A substantial commitment is needed to ensure that the computer-based data system is available to all Child and Family Services Agencies in the immediate future.

The Government must decide whether this is to be a centralized or a decentralized system. The Review Team recommends the latter as it is only through this means that we can ever hope to make an impact on the large number of problems and act to provide services that are of assistance to families who are experiencing difficulties. The actualization of global budgets for the Child and Family Services Agencies is a prerequisite for the creation of this type of system.

Many of the issues that are of concern to the six Agencies in Winnipeg are problems for Native child and family services agencies. However, the unresolved jurisdictional questions between the Federal and Provincial Governments and Native Bands hamper the improvement of services to Native children. This must be attended to by the three parties.

Therapy resources for abused children are glaringly inadequate. There is institutional care available for severely disturbed children, however, there is virtually no community mental health program for children in Winnipeg. It is critical that the child and family services system secure the ability to provide therapeutic services to the children that they serve and the Review Team recommends that the Government allocate an additional $2,000,000.00 to the Agencies to permit them to hire 40 staff to achieve this end.

The Province's financial commitment to this system increased substantially between 1981 and 1983 and has remained comparatively stable since that time. The increased capacity of Manitoba's child and family services system has come as a consequence of greatly increased Federal Government funding for Native child care. However, a slightly lower percentage of the provincial budget is presently allocated to these services than was true in 1981.

The Review Team is aware that the financial implications of these recommendations present a considerable burden to any government in the midst of the present economic crisis. However, the evidence clearly demonstrates that a substantial increase in the funding for these services is required in order to provide adequate services to abused children. If adequate funds are not made available to operate the child and family services system, children will be needlessly abused, and more will die.

Ultimately, the fate of these children will be determined by the degree to which the community is prepared to support appropriate changes in the child and family services sytem. If Manitoba taxpayers are not prepared to support an adequate level of funding for these services, it will be very difficult for Government to respond. Furthermore, Government departments, other than the Department of Community Services, as well as private organizations must contribute their share to the resolution of these problems. Progress is dependent upon the activity of a great many individuals and groups.

The following recommendations are offered in the spirit of improving the system dealing with child abuse in Winnipeg.

RECOMMENDATIONS

FIRST RESPONDERS:

RECOMMENDATION: THAT ALL ORGANIZATIONS CONSIDERED "FIRST RESPONDERS" TO CHILD ABUSE REVIEW THEIR REPORTING GUIDELINES TO ENSURE THEY ARE IN ACCORDANCE WITH SECTION 18 (1) OF THE CHILD AND FAMILY SERVICES ACT. THESE SHOULD BE FILED WITH, AND REVIEWED BY, THE DIRECTOR OF CHILD AND FAMILY SERVICES.

POLICE:

RECOMMENDATION: THAT 8 ADDITIONAL POLICE OFFICERS (4 TEAMS OF INVESTIGATORS) BE ASSIGNED TO THE CHILD ABUSE UNIT.

IT IS FURTHER RECOMMENDED THAT INVESTIGATORS FROM THE CHILD ABUSE UNIT BE AVAILABLE ON A 24 HOUR BASIS.

IT IS FURTHER RECOMMENDED THAT, IN ADDITION TO THE CHILD ABUSE COORDINATOR, 3 OF THE 8 NEW POSITIONS BECOME PERMANENT POSITIONS WITHIN THE CHILD ABUSE UNIT.

IT IS FURTHER RECOMMENDED THAT THE PERIOD OF ASSIGNMENT TO THE ABUSE UNIT BE INCREASED IF AN INVESTIGATOR CHOOSES TO CONTINUE TO WORK IN THE CHILD ABUSE UNIT FOR MORE THAN ONE YEAR.

RECOMMENDATION: THAT THE R.C.M.P. COMPILE SEPARATE STATISTICS ON THE NUMBER OF CHILD ABUSE INVESTIGATIONS ORIGINATING OUTSIDE OF WINNIPEG ON A REGULAR BASIS.

RECOMMENDATION: THAT THE R.C.M.P. AND THE WINNIPEG CITY POLICE DEPARTMENT JOINTLY EXAMINE CURRENT PRACTICES OF SHARING INFORMATION ON CHILD ABUSE CASES IN AN EFFORT TO DETERMINE IF IMPROVED PROCEDURES SHOULD BE IMPLEMENTED.

MEDICAL UNITS:

RECOMMENDATION: THAT THERE BE AN INCREASE OF TWO FULL-TIME STAFF POSITIONS AT THE CHILD PROTECTION CENTRE.

IT IS FURTHER RECOMMENDED THAT ONE NEW STAFF POSITION BE A PHYSICIAN AND THE OTHER A NURSE OR SOCIAL WORKER.

RECOMMENDATION: THAT THE BOARDS OF REGIONALLY-BASED HOSPITALS BE ENCOURAGED TO ESTABLISH A PARTICULAR EXPERTISE IN DETECTING AND TREATING THE MEDICAL CONSEQUENCES OF CHILD ABUSE.

RECOMMENDATION: THAT THE GOVERNMENT OF MANITOBA FORMALLY CONTRACT WITH THE CHILD PROTECTION CENTRE FOR THE PROVISION OF CLINICAL SERVICES AND TRAINING OF FIRST RESPONDERS IN A MANNER THAT PERMITS FOR ADEQUATE RESOURCES AND APPROPRIATE FUNDING.

IT IS FURTHER RECOMMENDED THAT THERE BE A RENEWABLE CONTRACT BETWEEN THE CHILD AND FAMILY SERVICES AGENCIES AND THE CHILD PROTECTION CENTRE FOR THE CENTRE TO PROVIDE CLINICAL TRAINING AND RESEARCH SERVICES.

CHILD AND FAMILY SERVICES:

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES AND THE CHILD AND FAMILY SERVICES AGENCIES JOINTLY UNDERTAKE ANNUAL WORKLOAD STUDIES IN ALL CHILD AND FAMILY SERVICE AGENCIES.

RECOMMENDATION: THAT FOLLOW-UP WORK WITH REFERRAL SOURCES BE REQUIRED AS PART OF THE COMPREHENSIVE PACKAGE OF PROCEDURAL STANDARDS FOR THE CHILD AND FAMILY SERVICES SYSTEM.

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES IN CONJUNCTION WITH THE WINNIPEG CITY POLICE CHILD ABUSE UNIT, THE DEPARTMENT OF EDUCATION AND THE MANITOBA CHILD CARE ASSOCIATION DEVELOP GUIDELINES THAT SPECIFY THE TYPE AND AMOUNT OF INFORMATION THAT CAN AND SHOULD BE PROVIDED TO PARENTS OF AN APPREHENDED CHILD BY THE REFERRAL SOURCE.

FUNDING THE SYSTEM:

RECOMMENDATION: THAT THE BASELINE BUDGETS OF THE CHILD AND FAMILY SERVICES AGENCIES BE INCREASED BY $2,000,000. WHICH WILL INCREASE THE SYSTEM BY APPROXIMATELY 40 CASEWORK STAFF AND THAT THE CHILD MAINTENANCE BUDGET BE INCREASED BY $2,000,000. TO PROVIDE FOR THE CARE AND SUSTENANCE OF THE INCREASED NUMBER OF CHILDREN WHO WOULD BE RECEIVING CARE.

PLACEMENT:

RECOMMENDATION: THAT THERE BE A 40 PERCENT INCREASE (20 BEDS) IN THE NUMBER OF BEDS AVAILABLE FOR EMERGENCY PLACEMENT IN WINNIPEG DURING 1987/88.

IT IS FURTHER RECOMMENDED THAT THE DEVELOPMENT OF NEW RECEIVING RESOURCES BE CONCENTRATED IN THOSE REGIONS THAT DO NOT HAVE THIS TYPE OF RESOURCE AVAILABLE WITHIN THEIR BOUNDARIES.

IT IS FURTHER RECOMMENDED THAT THE EMPHASIS FOR FUTURE DEVELOPMENT OF EMERGENCY RECEIVING RESOURCES FOR CHILDREN OVER THE AGE OF 12 YEARS BE ON FACILITIES WITH FOUR OR FEWER BED SPACES.

RECOMMENDATION: THAT FUNDING CURRENTLY PROVIDED TO WINNIPEG RECEIVING RESOURCES INCORPORATED BE DISTRIBUTED AMONG THE SIX REGIONAL CHILD AND FAMILY SERVICES AGENCIES.

RECOMMENDATION: THAT THE PROVINCE INSTITUTE A PHASED-IN DOWNSIZING OF THE SEVEN OAKS YOUTH CENTRE WITH THE RESULTANT COST SAVINGS BEING REALLOCATED TO THE SIX REGIONAL CHILD AND FAMILY SERVICES AGENCIES TO FUND EMERGENCY RECEIVING RESOURCES.

RECOMMENDATION: THAT CHILD AND FAMILY SERVICES AGENCIES FORMALLY LICENSE EVERY HOME FOR CHILDREN IN CARE.

IT IS FURTHER RECOMMENDED THAT FOSTER HOMES AND EXTENDED FAMILY HOMES UNDERGO IDENTICAL ASSESSMENT PROCEDURES FOR THE PURPOSES OF LICENSING.

IT IS FURTHER RECOMMENDED THAT SOCIAL WORKERS PLACE CHILDREN ONLY IN HOMES WHICH HAVE BEEN FORMALLY LICENSED BY A CHILD AND FAMILY SERVICES AGENCY.

RECOMMENDATION: THAT ALL CHILD AND FAMILY SERVICES AGENCIES PROVIDE REGULAR, CONSULTATIVE SUPPORT TO FOSTER PARENTS.

RECOMMENDATION: THAT CHILD AND FAMILY SERVICES AGENCIES HAVE THE AUTHORITY AND RESOURCES TO PURCHASE GROUP HOME SERVICES.

RECOMMENDATION: THAT THE DEPARTMENT ENCOURAGE THE SIX CHILD AND FAMILY SERVICES AGENCIES TO DEVELOP PROFESSIONAL PARENTING PROGRAMS AS ALTERNATIVES TO SHIFT STAFFED GROUP HOMES.

TREATMENT:

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES ESTABLISH A COMMUNITY-BASED THERAPY RESPONSE CAPABILITY IN ALL CHILD AND FAMILY SERVICES AGENCIES.

IT IS FURTHER RECOMMENDED THAT THERAPISTS HAVE CLINICAL EXPERTISE AND THERAPY SKILLS OBTAINED THROUGH APPROPRIATE TRAINING.

IT IS FURTHER RECOMMENDED THAT THE MINISTER OF COMMUNITY SERVICES MAKE AVAILABLE A TOTAL OF $2,000,000. TO CHILD AND FAMILY SERVICES AGENCIES FOR THE PURPOSE OF HIRING THERAPISTS.

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES IMMEDIATELY ADDRESS THE REHABILITATION NEEDS OF ADULT AND YOUTH SEXUAL OFFENDERS AND PROVIDE THE APPROPRIATE TRAINING, STAFFING, AND PROGRAMMING.

NATIVE AGENCIES:

RECOMMENDATION: THAT THE PARTIES TO THE TRIPARTITE AGREEMENT PROCEED ON AN URGENT BASIS TO RESOLVE THOSE FISCAL AND JURISDICTIONAL ISSUES WHICH PERTAIN TO PROVISION OF SERVICES TO NATIVE CHILDREN AND DIRECTLY AFFECT THEIR SAFETY.

CONSULTATION:

RECOMMENDATION: THAT EFFECTIVE MULTIDISCIPLINARY CONSULTATIONS ON DIFFICULT CHILD AND FAMILY SERVICES CASES BE IMPROVED BY THE CREATION OF A CHILD ABUSE COMMITTEE FOR EACH AGENCY.

IT IS FURTHER RECOMMENDED THAT GUIDELINES BE DEVELOPED THAT CLEARLY DEFINE THE ROLE, FUNCTION AND OPERATING PROCEDURES FOR EACH REGIONAL COMMITTEE.

IT IS FURTHER RECOMMENDED THAT EACH CHILD AND FAMILY SERVICES AGENCY PROVIDE THE CONSULTATIVE COMMITTEES WITH ADEQUATE STAFF SUPPORT.

ATTORNEY GENERAL:

RECOMMENDATION: THAT THE ATTORNEY GENERAL REVIEW THE CURRENT PRACTICE OF SCHEDULING CHILD PROTECTION HEARINGS IN THE UNIFIED FAMILY COURT TO REDUCE THE "DOWN TIME" OF SOCIAL WORKERS.

RECOMMENDATION: THAT CHILD AND FAMILY SERVICES AGENCIES EXPEDITE MATTERS IN THE UNIFIED FAMILY COURT BY ENSURING EARLY AND THOROUGH ATTENTION TO CASE PREPARATION.

RECOMMENDATION: THAT THE ATTORNEY GENERAL GRANT CUSTODY DATES TO ALL ACCUSED REMANDED IN ALLEGED CHILD ABUSE CASES.

TRAINING:

RECOMMENDATION: THAT $8,000. PER ORGANIZATION BE MADE AVAILABLE FOR THE PURPOSE OF BOARD TRAINING.

RECOMMENDATION: THAT ALL NEW SOCIAL WORKERS HIRED BY AN AGENCY BE PAIRED WITH AN EXPERIENCED WORKER FOR A SIX MONTH PERIOD TO ENSURE DAILY CONSULTATION AND SUPPORT.

RECOMMENDATION: THAT AGENCIES CONDUCT TRAINING NEEDS ASSESSMENTS OF ALL STAFF AND OFFER TRAINING OPPORTUNITIES CONSISTENT WITH NEED.

RECOMMENDATION: THAT AGENCIES DEVELOP A COMPREHENSIVE TRAINING PROGRAM FOR SUPERVISORS.

RECOMMENDATION: THAT THE CHILD AND FAMILY SUPPORT BRANCH DEVELOP A COMPREHENSIVE ORIENTATION TO CHILD AND FAMILY SERVICES TO BE OFFERED SEMI-ANNUALLY.

IT IS FURTHER RECOMMENDED THAT THE CHILD AND FAMILY SUPPORT BRANCH PROVIDE AGENCIES WITH ADDITIONAL RESOURCES TO ENSURE CASE COVERAGE FOR STAFF ATTENDING ORIENTATION.

RECOMMENDATION: THAT THE SCHOOL OF SOCIAL WORK REVIEW ITS UNDERGRADUATE CURRICULUM FOR THE PURPOSE OF PROVIDING MORE EDUCATION AND TRAINING SPECIFIC TO THE ISSUE OF CHILD ABUSE.

RECOMMENDATION: THAT EDUCATIONAL INSTITUTIONS WHICH TRAIN FIRST RESPONDERS TO ABUSE, REVIEW THEIR CURRICULA TO INCREASE THE AMOUNT OF EDUCATION AND TRAINING AROUND THE ISSUE OF CHILD ABUSE.

RECOMMENDATION: THAT THE PROVINCE AND DISCIPLINES TRAINING FIRST RESPONDERS PARTICIPATE IN THE DEVELOPMENT OF AN INTEGRATED MULTIDISCIPLINARY TRAINING PROGRAM FOR CHILD ABUSE.

SYSTEM MANAGEMENT:

RECOMMENDATION: THAT THE GOVERNMENT OF MANITOBA ACT TO AFFIRM THE DESIRABILITY OF A COMMUNITY-BASED CHILD AND FAMILY SERVICES DELIVERY SYSTEM.

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES ACT TO ENSURE THAT THE RESPONSIBILITIES AND ACTIVITIES OF THE CHILD AND FAMILY SERVICES AGENCIES AND THE DEPARTMENT OF COMMUNITY SERVICES ARE ALLOCATED IN SUCH A MANNER AS TO MINIMIZE DUPLICATION OF ACTIVITY AND TO IMPROVE THE EFFICIENCY AND EFFECTIVENESS OF THE CHILD AND FAMILY SERVICES SYSTEM.

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES ACT TO ENSURE THAT THE DEPARTMENT OF COMMUNITY SERVICES, CHILD AND FAMILY SUPPORT BRANCH, IS ABLE TO PERFORM THE APPROPRIATE CENTRAL FUNCTIONS FOR THE MAINTENANCE AND ENHANCEMENT OF THIS SYSTEM.

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES ALLOCATE VACANT EFT'S WITHIN THE CHILD AND FAMILY SUPPORT BRANCH TO THE AGENCIES.

RECOMMENDATION: THAT THE CHILD AND FAMILY SERVICES AGENCIES BE GLOBALLY FUNDED.

IT IS FURTHER RECOMMENDED THAT THERE BE AN ANNUAL CONTRACT NEGOTIATED BETWEEN THE CHILD AND FAMILY SERVICES AGENCIES AND THE GOVERNMENT OF MANITOBA THAT DEFINES THE LEVEL OF FUNDING, THE SCOPE OF THE SERVICE AND ALL OTHER CONDITIONS THAT ARE IMPORTANT TO THE OPERATION OF THIS SYSTEM.

IT IS FURTHER RECOMMENDED THAT THE THE MINISTER OF COMMUNITY SERVICES CONVENE A MEETING WITH THE BOARDS OF DIRECTORS OF THE CHILD AND FAMILY SERVICES AGENCIES TO DISCUSS THE IMPLICATIONS OF GLOBAL BUDGETING AND TO AGREE UPON A MEANS TO PURSUE THESE IDEAS.

RECOMMENDATION: THAT ALL CHILD AND FAMILY SERVICES AGENCY BOARDS ESTABLISH APPEAL COMMITTEES TO ALLOW FOR A THOROUGH REVIEW OF SERVICE COMPLAINTS.

IT IS FURTHER RECOMMENDED THAT THE DEPARTMENT OF COMMUNITY SERVICES ESTABLISH A THREE PERSON APPEAL PANEL TO RESOLVE THOSE MATTERS WHICH ARE NOT SATISFACTORILY RESOLVED BY THE APPEAL COMMITTEES OF THE BOARDS OF DIRECTORS.

RECOMMENDATION: THAT THE IMPLEMENTATION PLAN FOR THE NEW COMPUTERIZED INFORMATION SYSTEM BE REVISED TO INCLUDE FINANCIAL MANAGEMENT SYSTEMS.

IT IS FURTHER RECOMMENDED THAT THE PROPOSED INFORMATION SYSTEM BE EXPANDED TO INCLUDE A COMPUTER-BASED RESOURCE INVENTORY OF INFORMATION CONCERNING POTENTIAL SERVICE PROVIDERS INVOLVED IN CHILD ABUSE.

RECOMMENDATION: THAT COMMUNITY SERVICES INCREASE FUNDING TO ALLOW FOR THE ACQUISITION OF ADDITIONAL COMPUTER TERMINALS FOR EACH CHILD AND FAMILY SERVICES AGENCY. THE RATIO SHOULD NOT EXCEED TWO LINE WORKERS FOR EACH TERMINAL.

RECOMMENDATION: THAT THE GOVERNMENT IMMEDIATELY ACT TO ESTABLISH A VIABLE MANAGEMENT INFORMATION SYSTEM FOR CHILD AND FAMILY SERVICES IN ALL AREAS OF THE PROVINCE.

RECOMMENDATION: THAT THE CHILD AND FAMILY SUPPORT BRANCH REPLACE ALL DIRECTIVES AND GUIDELINES WITH COMPREHENSIVE SERVICE STANDARDS, WHICH SHALL BE NEGOTIATED WITH THE CHILD AND FAMILY SERVICES AGENCIES. ALL AGENCIES SHALL BE ACCOUNTABLE TO SUCH STANDARDS.

RECOMMENDATION: THAT ALL CHILD AND FAMILY SERVICES AGENCIES ENSURE THAT PERSONNEL POLICIES AND JOB DESCRIPTIONS ARE UP TO DATE AND IN EFFECT BY SEPTEMBER 1, 1987.

RECOMMENDATION: THAT UP TO DATE JOB DESCRIPTIONS BE IN PLACE FOR ALL STAFF WITHIN THE CHILD AND FAMILY SUPPORT BRANCH BY SEPTEMBER 1, 1987.

IT IS FURTHER RECOMMENDED THAT THE CHILD AND FAMILY SUPPORT BRANCH, IN CONJUNCTION WITH THE SIX CHILD AND FAMILY SERVICES AGENCIES, DEVELOP ONE SET OF COMPREHENSIVE PROCEDURAL STANDARDS THAT UPDATES THE 1978 STANDARDS PACKAGE AND INCORPORATES ALL RELATED GUIDELINES AND DIRECTIVES ISSUED SINCE THAT DATE.

IT IS FURTHER RECOMMENDED THAT COMPREHENSIVE PROCEDURAL STANDARDS BE IMPLEMENTED NO LATER THAN OCTOBER 1, 1987.

RECOMMENDATION: THAT, BY OCTOBER 1, 1987, THE DEPARTMENT OF COMMUNITY SERVICES AND CHILD AND FAMILY SERVICES AGENCIES DEVELOP A SET OF MEASURABLE OBJECTIVES TO BE USED AS A BASIS FOR DETERMINING OVERALL EFFECTIVENESS OF THE SERVICE SYSTEM.

RECOMMENDATION: THAT ONLY CONVICTED OR ADMITTED CHILD ABUSERS BE RECORDED IN THE CHILD ABUSE REGISTRY.

IT IS FURTHER RECOMMENDED THAT EMPLOYING AUTHORITIES CONSULT THE CHILD ABUSE REGISTRY FOR ALL CURRENT OR POTENTIAL EMPLOYEES WHOSE RESPONSIBILITIES REQUIRE THE CARE, INSTRUCTION OR CONTROL OF CHILDREN. UNDER NORMAL CIRCUMSTANCES SUCH PERSONS SHOULD NOT BE PERMITTED TO HOLD THESE JOBS.

SYSTEM COORDINATION:

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES CREATE A CHILD AND FAMILY SERVICES COORDINATING ORGANIZATION WITH A BOARD OF DIRECTORS COMPOSED OF THE SIX PRESIDENTS OF THE CHILD AND FAMILY SERVICES AGENCIES.

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES ACT TO CREATE A COMMITTEE OF CHILDREN'S SERVICE ORGANIZATIONS TO SERVE AS THE FOCAL POINT FOR THE GROUPS, OTHER THAN THE CHILD AND FAMILY SERVICES AGENCIES, WHICH PROVIDE SERVICES TO ABUSED CHILDREN IN WINNIPEG.

RECOMMENDATION: THAT THE PROVINCIAL GOVERNMENT ASSIGN A STAFF MEMBER FROM THE PLANNING AND PRIORITIES COMMITTEE OF THE EXECUTIVE COUNCIL THE RESPONSIBILITY OF CHAIRING A COMMITTEE OF REPRESENTATIVES FROM THE DEPARTMENTS OF HEALTH, COMMUNITY SERVICES, EDUCATION AND THE ATTORNEY GENERAL. THE DEPARTMENTAL REPRESENTATIVES SHOULD BE THE ASSOCIATE OR ASSISTANT DEPUTY MINISTERS WHO HAVE THE GREATEST RESPONSIBILITY FOR THESE SERVICES WITHIN EACH DEPARTMENT. IT WOULD BE THE FUNCTION OF THIS COMMITTEE TO ENSURE THAT ALL PROVINCIAL GOVERNMENT SERVICES CONCERNING CHILD ABUSE ARE PROPERLY COORDINATED AND FUNCTIONING AT AN OPTIMAL LEVEL.

CHILD DEATHS:

RECOMMENDATION: THAT IN THE EVENT OF A DEATH OF:
(a) A CHILD IN CARE,
(b) A CHILD WHO HAS BEEN A CLIENT OF A CHILD AND FAMILY SERVICES AGENCY DURING THE LAST TWO YEARS,
(c) A CHILD, WHOSE PARENT OR GUARDIAN HAS BEEN A CLIENT OF A CHILD AND FAMILY SERVICES AGENCY DURING THE LAST TWO YEARS,
THE CHIEF MEDICAL EXAMINER, IN ADDITION TO THE INQUIRY REQUIRED BY THE FATALITIES INQUIRY ACT, SHALL REVIEW THE ACTIVITIES OF THE CHILD AND FAMILY SERVICES AGENCY OR AGENCIES WHICH WERE INVOLVED WITH THE CASE AND SUBMIT A DETAILED REPORT TO THE MINISTER OF COMMUNITY SERVICES WHICH ASSESSES WHETHER OR NOT THE ACTIVITIES OF THE STAFF OF THE AGENCY OR AGENCIES WERE APPROPRIATE BY CURRENT STANDARDS.

RECOMMENDATION: THAT ALL CHILDREN WHOSE DEATHS ARE A CONSEQUENCE OF ACCIDENT, SUICIDE, HOMICIDE OR UNKNOWN CAUSE BE SUBJECT TO AUTOPSIES UNDER THE JURISDICTION OF THE CHIEF MEDICAL EXAMINER.

RECOMMENDATION: THAT THE OFFICE OF THE CHIEF MEDICAL EXAMINER BE LINKED TO THE MANAGEMENT INFORMATION SYSTEMS OF THE CHILD AND FAMILY SERVICES SYSTEM.

RECOMMENDATION: THAT THE DEPARTMENT OF THE ATTORNEY GENERAL PROVIDE SUFFICIENT FUNDS TO THE OFFICE OF THE CHIEF MEDICAL EXAMINER TO ALLOW FOR CONTINUAL, 24 HOUR INVESTIGATIVE COVERAGE BY STAFF FROM HIS OFFICE AND THAT THERE BE ADEQUATE RESOURCES TO ENSURE THAT THE ADDITIONAL FUNCTIONS WHICH ARE SPECIFIED IN THIS REPORT CAN BE PROPERLY CARRIED OUT.

RECOMMENDATION: THAT THE CHILD ABUSE RISK INDEX BE USED BY CHILD AND FAMILY SERVICES AGENCIES AS A TOOL IN THE ASSESSMENT PROCESS.

SECTION I

BACKGROUND

This review cannot be undertaken thoroughly without identifying key developments within Manitoba's child and family services system. Important changes have taken place in legislation, in Native child and family services, through the Kimelman Report, and as a consequence of the dissolution of the Children's Aid Society of Winnipeg. The result of these changes is that the system contains multiple models for delivering child and family services, has a heavy emphasis on normalization and encourages the use of the multidisciplinary approach to problem solving.

Legislation

Child and family services legislation in Manitoba has evolved through three phases: The Act Respecting the Welfare of Children (1922) provided only for last resort intervention for children at imminent risk. With the introduction of group homes in the period immediately following World War II, the child and family services system was offered a new treatment alternative. The movement toward a greater service and treatment orientation was facilitated by developments in social work, psychology, and psychiatry concerning a comprehensive body of knowledge and skills related to the concept of the family and children. Across North America projects began to emerge in the late 1950's and early 1960's pioneering the provision of comprehensive services to troubled families.

The Child Welfare Act (1974) retained child protection as a central feature, but also emphasized the provision of assistance to families encountering difficulties as a means of avoiding the protective placement of children. The recently adopted Child and Family Services Act (1986) has strengthened and expanded the protective and service components of past legislation and has done so within a particular philosophical context which stresses the importance of the family and community involvement.

While it is not within the purview of this report to undertake a detailed analysis of the current Act, certain aspects must be highlighted. The Declaration of Principles which introduces the Act emphasizes the primacy of the family and the responsibility of the community to support the healthy functioning of families. It is a conscious effort to preserve and support the family as the best means of serving children. It contains new concepts such as "the extended family", "prevention", "cultural and linguistic considerations", "Indian Agencies" and "privacy".

Within the Act, a distinction has been made between matters concerning services to families and child protection activities. However, the intent is to balance the emphasis placed throughout the statute on the rights of and services to children versus the rights of and services to families.

These most recent changes to legislation came amid three significant events: the demand by Native people for greater control over child and family services, the review conducted by Judge Edwin Kimelman into Indian and Metis adoptions, and the break-up of the Children's Aid Society of Winnipeg into regional agencies. Whereas Winnipeg was previously served by three organizations, there are now six Child and Family Services Agencies.

Native Child Welfare

The longstanding inability of the Federal and Manitoba Governments and Indian Bands to agree on the jurisdiction and funding of child and family services to Indian reserves meant that, for many years, such services were provided by the Province, primarily in "life and death" situations. Typically, the net result of such intervention was apprehension and placement outside the reserve environment. In the south of Manitoba, where child and family services continued to be delivered by Children's Aid Societies, service provision on reserves was regular, but tended not to include Native consultation, nor active development of on-reserve resources.

During the 1970's, the political sophistication of the Native community increased dramatically and was facilitated by the development of Tribal Councils uniting Bands of similar cultural backgrounds and the formation of the Four Nations Confederacy. The Confederacy advocated an Indian child and family services system - a concept supported by all Manitoba Bands.

In 1982, the Tripartite Master Agreement was signed and laid the foundation for the establishment of Child and Family Services Agencies for Indian people throughout the province. Services would be federally funded, administered by Tribal Councils, and function under Provincial legislation. Manitoba agreed to provide consultative personnel until the transfer of all mandated services.

Five mandated Indian Child and Family Services Agencies now exist in Manitoba serving status Indians. No similar agencies exist for non-status Indians. However, within Winnipeg, non-mandated Child and Family Services Agencies have emerged for non-status Indians, and have been supported by Provincial funding (Ma Mawi Wi Chi Itata, Manitoba Metis Federation, Native Women's Transition Centre).

Kimelman Report

The Review of Indian and Metis Adoptions and Placements came as a result of objections from the Native community, both Indian and Metis, to the placement for adoption of Native children in non-Native homes in the United States and elsewhere in Canada. Judge Kimelman found that the Native population consumed social services to a greater extent than their numbers dictated. There was considerable significance in the observation that once Native children entered the child and family services system, they were not likely to be returned to their own families.

In addition, Judge Kimelman and other individuals and groups noted that the Children's Aid Society of Winnipeg was not responding to the needs of its community. It was too large, difficult to access, fraught with internal difficulties, neither cost-efficient nor program-effective and was insensitive to Native concerns. In reviewing the agency, Judge Kimelman could not identify any positive characteristics and recommended the creation of six community-based agencies.

The Children's Aid Society Of Winnipeg

Beginning in 1984 and culminating on April 1, 1985, the Province undertook a reorganization of child and family services in Winnipeg. The Children's Aid Society of Winnipeg and one suburban office of Manitoba Community Services were replaced by five new community-based agencies and an expansion of the Children's Aid Society of Eastern Manitoba into St. Vital. Existing staff were redeployed into the new agencies. All six Agencies are headed by a Board of Directors whose members are elected from the community being served.

Multiple Child Welfare Models

Since September, 1984, Ma Mawi Wi Chi Itata has been providing support services to urban Indians and Metis, and some of the Tribal Councils have deployed workers in Winnipeg to serve children in care from reserves.

The net result of these developments is that four types of child and family services delivery models now exist in Manitoba:

Provincial, Tribal Council, private agency, and non-mandated Agencies. In Winnipeg, all four models are in contact with one another as elements of the administration of the Child and Family Services Act.

Normalization

Partly in response to the Kimelman Report and partly as a consequence of comparison to other provinces, treatment philosophy is turning away from heavy reliance upon group homes to greater expansion and use of foster homes. Since the early 1980's, the Manitoba Department of Community Services has changed its approach with regard to the funding of group home and other "shift staffed" beds. The net result has been a reduction in the number of beds currently available. Savings derived from closed beds have been directed, in part, to support the development and expansion of special rate foster homes. Such foster homes have been able to accommodate a number of children who would have likely been placed in shift staffed facilities.

Multidisciplinary Approach

The child and family services system has evolved through an emerging reliance on multidisciplinary consultation in recent years. This consultation occurs in many forms and takes place at various levels. The Departments of Community Services, Health, Education and the Attorney General have signed protocols defining their relationship to, and responsibilities concerning, the issue of abuse. The Physical and Sexual Abuse Committees developed to offer multidisciplinary expertise to social workers during the existence of the Children's Aid Society of Winnipeg and continue to offer their knowledge to the current system. At the field level, a wide array of consultation is conducted, both informally and formally, by line workers in different programs. The child and family services system is not within the purview of one discipline.

The Review

The Review Team is fully cognizant of the major changes which have occurred within the system concerning legislation, philosophy, sensitivity to Native issues, and service delivery models. These changes have significantly altered the character of the present system as it relates to abuse.

In May of 1986, the Minister of Community Services announced an external review of matters relating to the system of dealing with child abuse in Winnipeg. The review was in response to public concern that the current system was not responding satisfactorily to the expectations of the community concerning the protection of children.

In mid-June two consultants were contracted to co-chair the review: Professor Grant Reid and Dr. Eric Sigurdson. Three staff were seconded from Community Services to lend support to the review. They are Mr. Robert Onysko, Mr. Jay Rodgers and Mrs. Joanne Prefontaine. Although completion was initially anticipated in November, delays in commencing the review process and the large number of organizations involved in some aspect of child abuse identification, referral and therapy have necessitated an extension of this review.

The Terms of Reference for the Review specify three objectives:

1. To determine the strengths, abilities and weaknesses of the Winnipeg Child and Family Services Agencies to deal with child abuse as it is found in their communities.
2. To review the structure of the multidisciplinary, inter-agency coordination mechanism in place to support child abuse services; and to determine significant inter-agency issues affecting the response to child abuse.
3. This Review should include analysis of the roles, procedures and protocols of the Child and Family Services Agencies, the Child Protection Centre, Children's Mental Health Services, the Child Guidance Clinic, Probation, the education system, the police and the medical care system.

The goal of the Review is to make recommendations to the Minister of Community Services respecting:

- the means to strengthen the ability of the agencies to respond to child abuse;
- the means to strengthen and coordinate the multidisciplinary, inter-agency procedures for dealing with child abuse; and

other related matters.

Furthermore, where the safety and well-being of children may be identified as at risk, the Review Team may make interim recommendations to the Minister to affect immediate changes.

REVIEW PROCESS

This review began in mid-June, 1986. The first part of the review was completed in November, 1986 when the Interim Report was released. Feedback from many people and organizations concerning the Interim Report was considered very carefully.

The Team adopted an open-ended approach for conducting the first part of the review. This was based on the premise that it is the people working in or close to the child abuse system who best know what the issues and problems are and what solutions might be most workable. This premise formed the framework within which the review strategy was designed. The Team implemented a research approach that allowed for a large amount of information to be collected while, at the same time, assuring that the objectivity of the process was not jeopardized. The Review Team set out in June to interview as many individuals or groups involved in child abuse as was possible. (Please see Appendix for lists of interviews conducted.) These interviews were intentionally conducted as open forums for discussion. This approach enhanced objectivity by allowing interviewees to raise virtually any issue related to child abuse without the mediation of fixed, prior perceptions. The Team did not want to miss critical issues or limit the scope of discussions by rigidly structuring the interview process.

There were two goals inherent to the interview process. First, the interviews were used to identify inter-subjective agreement on the issues and problems within the child abuse system. The Team identified common themes in one of two ways: those issues common to a specific component of the child abuse system such as line service workers, senior managers, teachers and health professionals; and those concerns pervasive throughout the various system constituents including, issues common to referral sources, response systems or treatment resources. The Team also used these interviews as a mechanism for conducting a simple formative evaluation of the new regionalized child and family services system. To achieve this, it was essential to develop an understanding of the goals of regionalization, the planning that preceded implementation of the system and to identify what the expected consequences of regionalization were. This understanding was obtained primarily by reviewing written background material on the regionalization process. Based on this information, the interviews were used to assess whether regionalization had been generally implemented as intended; whether plans for specific system components were not operationalized (e.g., the provision of training for generic workers); and whether there were unexpected outcomes of regionalization by its having a negative impact on the service system.

In addition to the interviews, the Team also conducted a selective review of the child abuse literature. This included material on child abuse in general and the history and current state of child abuse services in Winnipeg in particular. (See Bibliography). There has also been some preliminary review of statistical information on the incidence of child abuse in Winnipeg.

The Team also made a number of requests to the Child and Family Services Directorate, the six Child and Family Services Agencies, the Chief Medical Examiner and others to compile specific types of information. Cases of children who died or who were deemed to be at risk were studied as well.

Through these mechanisms, the review obtained a wide variety of literature on child abuse and child abuse services. This material provided vital insights into the history, development and current status of child abuse theories, services in other jurisdictions and the service system in Winnipeg.

This strategy of interviewing and reviewing literature, combined with an analysis of data generated by the system, was considered the most effective for collecting comprehensive and objective information in a short period of time. The result was the identification of high inter-subjective agreement on a number of issues related to child abuse. These issues form the basis for the remainder of this report. The Team has also been able to identify a number of unanticipated consequences of regionalization, system components planned for but not yet operational, and trends that are inappropriately attributed exclusively to regionalization. These are discussed further in later sections of the report.

SECTION II

CHILD ABUSE REPORTING PROCESS

Diagram I (page 36) traces the sequence of events that lead to a case of suspected child abuse being reported to a Medical Child Abuse Unit, the Winnipeg City Police or a Child and Family Services Agency. It also shows the various points where a case of suspected abuse may be ignored, handled without a formal report being made or a decision may be reached that the original report was in error.

The catalyst is the existence of some behaviour that can be interpreted as child abuse. This behaviour may be one isolated incident or a series of incidents. If the behaviour is not disclosed, or observed by a third party, the problem will either continue or disappear as a consequence of other events.

The first key decision point occurs when the abused child discloses or when, through observation, a third party such as a teacher or day care worker suspects that child abuse has taken place. This may be an observation of the abusive incident itself or of certain unexplained aspects of the child's appearance or behaviour (e.g., bruises, acting out, absence from school). The new actor in the process is now faced with the decision whether to acknowledge or to ignore the suspected abuse. Reasons for ignoring the disclosure or observation include personal aversion to child abuse which results in the person refusing to perceive the abuse or a lack of belief in the child's testimony. In this case, the service system will not become involved and the problem will either continue or disappear.

The second key decision point occurs when the suspected abuse is acknowledged. At this point, the person involved will generally do one of the following four things.

First, he or she may abide by section 18 (1) of the Child and Family Services Act and report the suspected abuse to a Medical Child Abuse Unit, the Winnipeg City Police or a Child and Family Services Agency.

Second, the person may ignore the abuse and it will continue or disappear.

A third option is to refer the case to an agency other than a medical unit, the Police or a Child and Family Services Agency. This is done in those circumstances where a child is known to be involved with another agency. The agency receiving the referral may or may not then make a formal report.

The fourth option is to investigate the case further in an effort to confirm whether abuse has taken place. This may involve talking with the child, seeking professional advice or monitoring the situation for additional signs that may confirm the suspicion. Further investigation may lead the person to determine that the disclosure or observation was erroneous and that the behaviour was something other than child abuse.

The third key decision point is reached when the person concludes there is probable cause to believe that abuse has occurred. At this point, the abuse may be reported, or for reasons such as a previous negative experience this individual has had with the system, the person may decide to deal with the situation without reporting. This may lead to counselling the child, referring the case to a supervisor, or as is the case in the school system, making use of internal expertise (e.g., guidance counsellor, on-site Child Guidance Clinic staff). After taking steps to deal with the case internally, there may or may not be a formal report made.

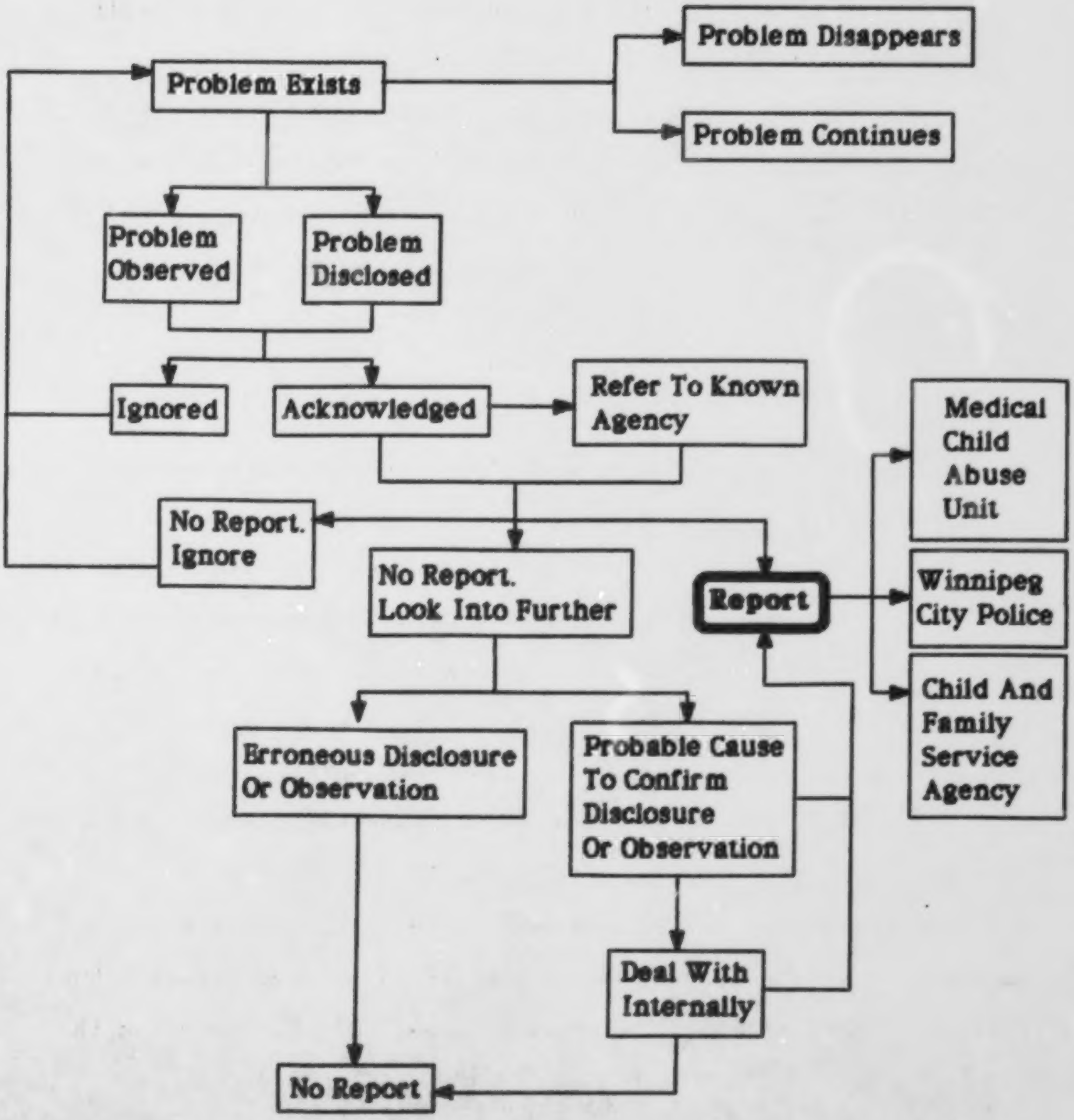
Several organizations and professional groups are responsible for much of the child abuse reporting which occurs in Winnipeg. These include: teachers, day care workers, nurses, physicians and hospitals. The average citizen is also a potential referral agent.

TEACHERS

Teachers have long been recognized as the primary referral source for child abuse cases. In her study of child protection in Canada, Robertshaw (1981) found that schools generated most of the abuse referrals. The Review Team has noted the importance of teachers in the identification and referral process through its meetings with teacher representatives across Winnipeg and in discussions with Child and Family Services social workers. It has been estimated that teachers are responsible for 80% of the case finding.

Personal safety programs, such as "Feeling Yes, Feeling No" have been partly responsible for identifying cases. Those school divisions which offer the program have observed increases in the

Diagram I- Child Abuse Reporting Process


Problem Exists
Problem Disappears
Problem Continues
Problem Observed
Problem Disclosed
Ignored
Acknowledged
Refer To Known Agency
No Report. Ignore
No Report. Look Into Further
Report
Medical Child Abuse Unit
Winnipeg City Police
Child And Family Service Agency
Erroneous Disclosure Or Observation
Probable Cause To Confirm Disclosure Or Observation
Deal With Internally
No Report

reporting of sexual abuse. It is common for "Feeling Yes, Feeling No" to result in up to a dozen referrals from one elementary school.

The importance school boards attach to the issue of child abuse is related to the extent of reporting as well. While there is general acceptance of the rationale of the Child and Family Services Act and the need to report, the process used by particular schools may vary between divisions and sometimes within a division. The sense teachers have that they should report directly to child protection authorities or police and not through the formal school network is critical to the process. In the former instance, reporting is more prompt, and in the latter, there may be issues of authority and priorizing of complaints before Police or Child and Family Services are called.

Less clear for both teachers and school trustees is the role schools should play beyond reporting. Trustees note that budgetary constraints have necessitated a reexamination of prevention programs, such as "Feeling Yes, Feeling No". There is widespread reluctance to enter the counselling and therapy area as well.

Although some teachers would like to officially extend their involvement into more prevention or to offer some aspect of treatment, current practices and perceptions within school divisions and between school divisions and other agencies mitigate against this. Teachers are left with reporting as their primary function. Their concerns over the system's response to referrals are discussed in Section V under "Follow-Up Services".

DAY CARE

The day care system both generates referrals to, and accepts referrals from, the child and family services system. One point of contact occurs when a day care provider or centre reports their suspicion of child abuse to a Child and Family Services Agency. In most cases, a social worker will come to the home or centre, apprehend the child, take the child to hospital for examination and then inform parents of the apprehension. Occasionally, day care centre staff have accompanied the child to hospital, but in most instances, the contact with the day care centre ends when the child is apprehended.

A second and more established point of contact with Child and Family Services Agencies occurs around referrals for day care subsidy under the special social need category. There are approximately 800 such children enrolled in Winnipeg out of a day care population of some 5,000. Social workers involved with a family that is experiencing difficulties, either where abuse has occurred or where there is a potential for abuse, will often recommend day care as one means of reducing family stress. The family then applies for a day care subsidy under the category of special social need.

For a family to be approved for subsidy, the social worker must submit a written assessment of the family situation to the Child Day Care Branch. The Day Care Coordinator for that area may request additional family information, assist in locating a suitable day care space, or simply approve the request. Thereafter, social workers are encouraged to share as much information with the day care centre or home provider as possible. An annual update of family assessments is required for subsidy renewal. Only a small number of children subsidized under this provision originate from the child and family services system.

Two issues emerge in the relationship between day care centres and Child and Family Services Agencies. The first identifies apparent differences in knowledge of child abuse reporting requirements between day care centres and providers of day care homes. According to a local association of day care providers - Women Attentive to Children's Happiness, providers are less knowledgeable of reporting requirements and their legal responsibilities toward the child (see Appendix). The second concerns the extent to which day care workers are included in the multidisciplinary process and the amount, quality and regularity of information they can expect shared as a result of this process.

NURSES

Child abuse cases are often detected by nurses working in public health and institutional settings. The City of Winnipeg and the Province are responsible for providing public health services in Winnipeg. Municipal services are administered through four regions which approximate the boundaries of Winnipeg School Division #1. Manitoba Health delivers services to the suburban parts of Winnipeg.

Public health services are delivered under auspices of the Public Health Act for the Province. A similar Act pertains to the City. The Public Health Act is silent on the issue of service responsibility in the area of child abuse. However, public health nurses tend to view the provision of services related to detection and referral as part of overall public health services to children and families.

The public health nurse typically has an early and non-threatening entry into a young family and can monitor a child's development from infancy into adolescence. These home visits or contacts during school hours are unique relationships. Public health nurses are almost always viewed in a friendly and positive light. Yet, the public health nurse is often an under-utilized participant in the system responding to child abuse. It has been the observation of the Review Team that public health nurses may be informed of an investigation after it is over. The public health nurses can have important information to add to a case investigation.

Public health nursing offers a great potential resource for primary and secondary prevention. The Maternal and Child Health Directorate is considering strategies to optimize ways of recognizing high risk families and providing suitable support. Homemakers have often been used to provide this support to highly stressed and high risk families. It is in this area that the work of public health nurses at times matches closely the work that Child and Family Services workers who deal with similar families.

In hospitals, and especially in emergency departments, nurses encounter child abuse cases. Their ability to detect abuse and respond is particularly important in situations where a child is not known to the child and family services system. The extent of their response is prescribed, for the most part, by hospital protocols (see Appendix).

PHYSICIANS

Physicians can potentially identify child abuse cases in emergency departments of hospitals and in their private practices. While hospitals have child abuse reporting protocols, guidelines for physicians are ten years old and are just now being revised.

Much of the child abuse diagnosis in Winnipeg is the responsibility of a small number of specialized and committed physicians. Their work, like that of other front line workers, is very stressful, time consuming and can lead to court involvement for the presentation of evidence. Many physicians recognize that they have had limited training in child abuse and prefer to refer suspected cases to those who specialize in this area.

Physicians find it difficult to spend time away from their private practices to upgrade their skills to the extent whereby they would feel sufficiently knowledgeable to become involved in cases. This concern tends to result in referring most suspected cases to the Child Protection Centre and perpetuates less personal involvement in and awareness of the details of abuse cases on the part of family practitioners.

MEDICAL UNITS

All Winnipeg hospitals have reporting protocols for their staff and these are summarized within the Appendix. A review of the protocols reveals that while each institution articulates the "spirit" of reporting as outlined in the Child and Family Services Act, some have developed internal procedures and perpetuate obsolete information which could cause delays in the reporting of suspected cases of child abuse. In short, there is no consistency in reporting protocols across hospitals in Winnipeg.

CITIZENS

The public has a growing awareness of the importance of child abuse. Through regionalization, the citizens of Winnipeg have gained increased accessibility to and involvement with local Child and Family Services Agencies; through media coverage, child abuse issues have been given a higher profile. This is one of the major changes as a consequence of regionalization that often goes unrecognized.

Under the Child and Family Services Act, anyone who suspects child abuse is obligated to report their suspicion - section 18 (1). However, most of the abuse identification and response remains with the professional community, notwithstanding this reporting obligation. As public education and awareness grows, the general public may become more active in the recognition and referral of suspected cases.

The Review Team has found that while "first responders" to child abuse are required to report their suspicions by law as any other citizen, a number of factors may impinge upon their response. Internal factors, such as a personal willingness to believe that abuse exists combined with the conviction that abuse is not a private family matter will likely provide the impetus for reporting. Thereafter, protocols, guidelines and practices, both stated and perceived, may determine the channels, priorizing and speed of reporting.

Because child abuse can be life-threatening, it is fundamental that all who suspect abuse promptly report their suspicion to the appropriate authority as outlined under the Child and Family Services Act.

RECOMMENDATION: THAT ALL ORGANIZATIONS CONSIDERED "FIRST RESPONDERS" TO CHILD ABUSE REVIEW THEIR REPORTING GUIDELINES TO ENSURE THEY ARE IN ACCORDANCE WITH SECTION 18 (1) OF THE CHILD AND FAMILY SERVICES ACT. THESE SHOULD BE FILED WITH, AND REVIEWED BY, THE DIRECTOR OF CHILD AND FAMILY SERVICES.

SECTION III

SYSTEM RESPONSE: THE POLICE

The City of Winnipeg Police Department is involved with most cases of abuse that require police investigation within the City of Winnipeg. The Royal Canadian Mounted Police have a lesser involvement as their work is confined to those cases of abuse that originate in a home outside the boundaries of the City of Winnipeg.

Winnipeg City Police

The Winnipeg City Police Child Abuse Unit was created in 1976. The Unit operates out of the Youth Division on the main floor of the Public Safety Building. This centralized Child Abuse Unit will respond as needed to any community in Winnipeg.

The staff complement of the Child Abuse Unit includes one coordinator, one assistant to the coordinator and three teams of two plain clothes investigators. There is also a child abuse victim witness program associated with the Unit. The plain clothes investigators serve in the Unit for a period of 12 months, at which time they return to regular duties.

Diagram II (page 49) shows the response of the Winnipeg City Police when receiving a report of suspected child abuse. A report can be received at a district station, by the Youth Division or by the Child Abuse Unit. When the Child Abuse Unit is the first contacted, the Coordinator will assign the investigation to one of the three child abuse teams or to personnel from the Youth Division who handle the Unit's overload. If a report is received by a district station when the Abuse Coordinator is not immediately accessible, he will be informed as soon as possible. The Coordinator will then determine which unit will be responsible for conducting an investigation. Staff in the Child Abuse Unit are on duty from 7:00 a.m. to 5:00 p.m., five days a week. Any abuse referral requiring immediate police attention received during "off hours" must be handled by Youth Division.

When the police receive a report of suspected child abuse, the regional Child and Family Services Agency will be informed. There will then be an internal decision to determine if any police action is required. Based on this decision, the police may respond independently or accompanied by a Child and Family Services worker. In those instances where the police have ascertained that the child is not in immediate danger (e.g., the abuser is no longer in the home or the alleged abuse occurred quite some time before the report) the report may be referred to a Child and Family Services Agency without any police response. The Child and Family Services Agency may refer the report back to the police after conducting their own initial investigation.

A police investigation will determine whether the suspected abuse can be validated and whether there is sufficient evidence to proceed with criminal prosecution of the perpetrator. The investigation will reach one of three conclusions:

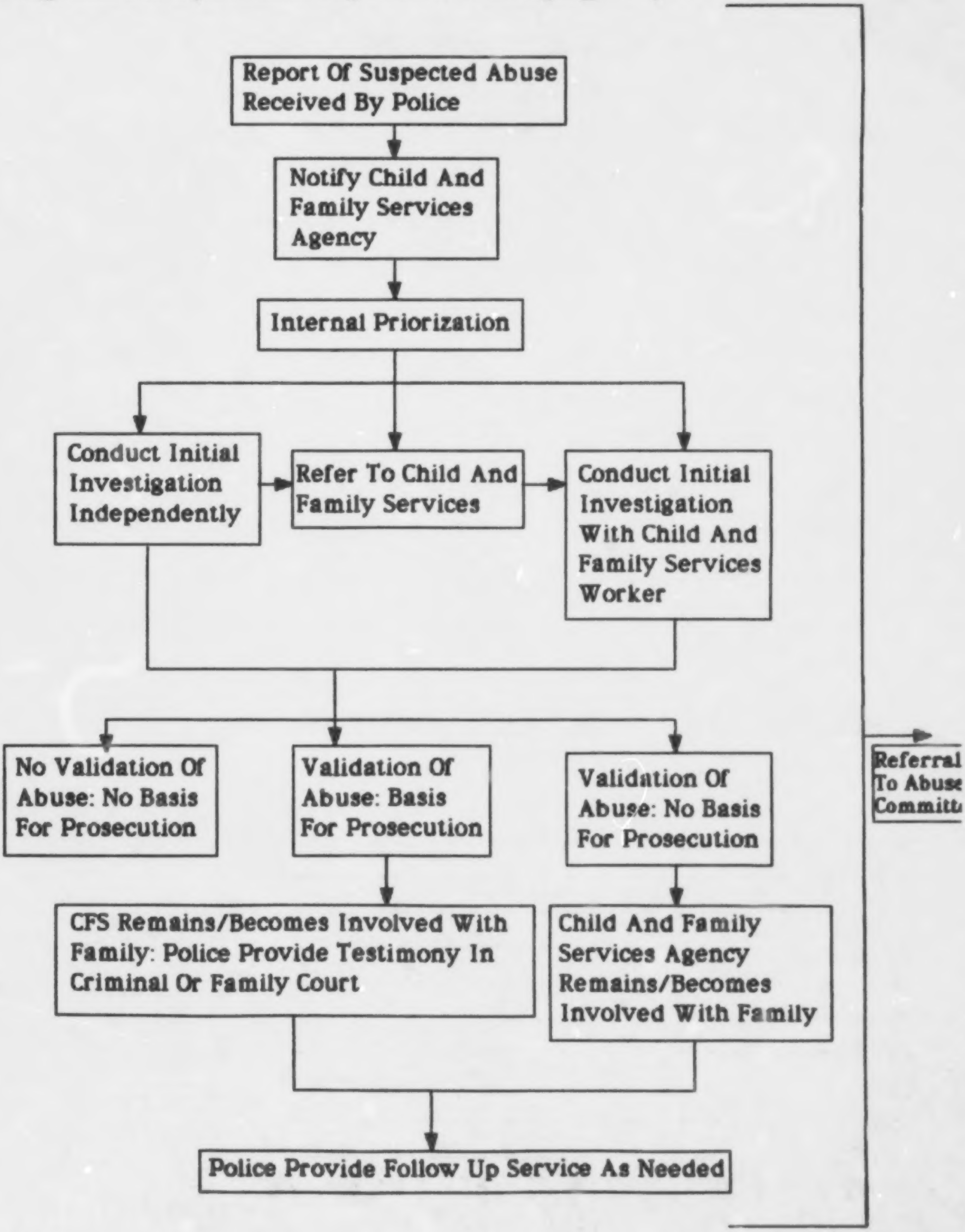
1. The abuse cannot be validated and there is no basis for criminal prosecution. The police will no longer be involved with this particular report.

2. The abuse can be validated and there is sufficient evidence to proceed with a criminal prosecution. In these cases, the Child and Family Services Agency will be involved in working with the victim and the family. The police investigators will work with the legal system and the courts as the criminal charges are pursued. This will usually require some testimony in criminal and/or family court by the investigating officers.

3. There is reason to believe that abuse has occurred but there is not sufficient evidence to justify criminal prosecution.

When the specialized Abuse Unit was established in 1976, the Coordinator and three teams did abuse investigations as required and regular Youth Division work the remainder of the time. In 1977, for example, approximately 50% of the Unit's time was spent doing abuse work. By 1984, the Unit was doing abuse work exclusively. As shown in the Table on page 51, the demand for police involvement in abuse cases has continued to increase since 1984.

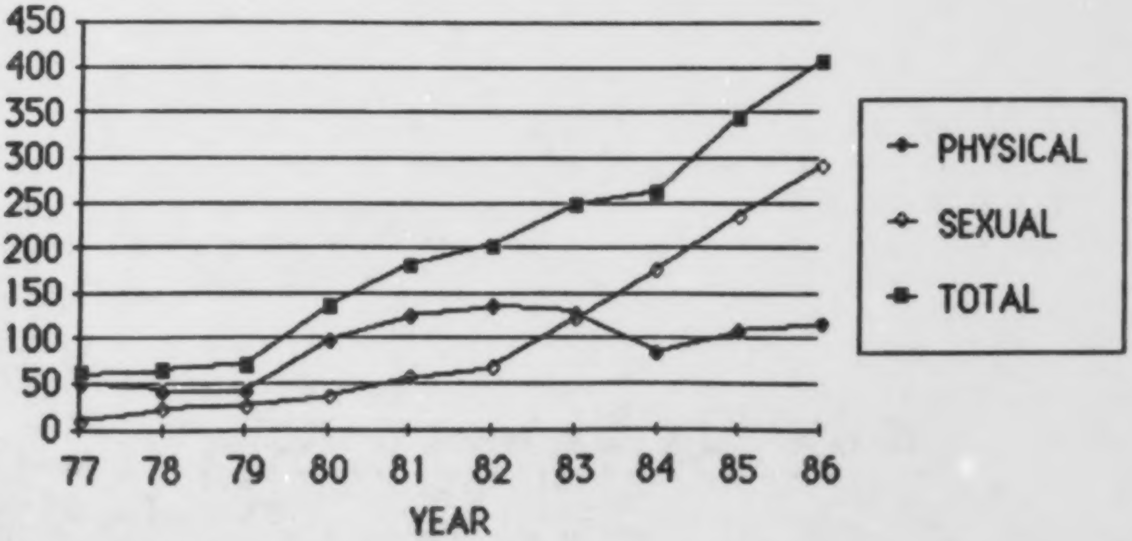
Diagram II: System Response: Winnipeg City Police


Report Of Suspected Abuse Received By Police
Notify Child And Family Services Agency
Internal Priorization
Conduct Initial Investigation Independently
Refer To Child And Family Services
Conduct Initial Investigation With Child And Family Services Worker
No Validation Of Abuse: No Basis For Prosecution
Validation Of Abuse: Basis For Prosecution
Validation Of Abuse: No Basis For Prosecution
Referral To Abuse Committ
CFS Remains/Becomes Involved With Family: Police Provide Testimony In Criminal Or Family Court
Child And Family Services Agency Remains/Becomes Involved With Family
Police Provide Follow Up Service As Needed

WINNIPEG CITY POLICE CHILD ABUSE
INVESTIGATIONS: 1977 - 1986

CALENDAR YEAR	NUMBER OF INVESTIGATIONS			ANNUAL % INCREASE
	Physical	Sexual	Total	
1977	51	11	62	
1978	43	23	66	6%
1979	46	26	72	12%
1980	99	36	135	88%
1981	125	57	182	35%
1982	135	69	204	12%
1983	127	121	248	22%
1984	86	176	262	6%
1985	110	236	346	32%
1986	116	291	407	18%

WINNIPEG CITY POLICE CHILD ABUSE INVESTIGATONS:
1977-1986



In 1984, the Police Department began collecting statistics on the number of abuse reports which required preliminary consultation with a Child and Family Services Agency but no subsequent police involvement. In these situations, although an ensuing police investigation does not occur, time is still required to provide the initial consultation.

CONSULTATIONS: NO POLICE ACTION

1984 TO 1986

YEAR	NUMBER OF CONSULTATIONS	% ANNUAL INCREASE
1984	198	---
1985	282	42%
1986	284	1%

From 1977 to 1986, there was on average, an annual increase of 25% in the number of abuse reports requiring police investigation. In 1986, there were 55% more abuse investigations conducted than in 1984 when the Unit started doing abuse work on a full-time basis. The availability of Child Abuse Unit staff has been further compromised by an increase in the number of initial consultations conducted by Unit investigators. The overall increase in demand for service has been so great that 50% of all abuse referrals must now be handled by Youth Division.

It is a generally held opinion that the Winnipeg City Police Child Abuse Unit is doing an outstanding job of thoroughly collecting evidence in a humane and professional manner. This opinion reflects the high quality of specialized training officers receive while in the Unit and demonstrates the value of conducting abuse investigations in teams. While the work of the Abuse Unit is certainly well-regarded and well-respected, the same opinion is not as universal for investigations conducted by constables from Youth Division. Investigations conducted by inexperienced and untrained officers can be intimidating and insensitive to abuse victims.

Two additional factors relate to the need for more officers in the Child Abuse Unit. First, specialized child abuse staff are not available 24 hours a day. This increases the number of abuse investigations that, at least initially, must be handled by untrained and inexperienced constables from Youth Division. Second, the demand for police involvement in the Child Abuse Committees would increase with the onset of regional committees. Currently, the Abuse Coordinator attends meetings of the two centralized Committees. It is very important that specialized police officers be available to sit on these committees as it is impractical to expect the Coordinator to attend all meetings of the six regional committees. This would ensure quality consultation and enhance coordination among service systems.

RECOMMENDATION: THAT 8 ADDITIONAL POLICE OFFICERS (4 TEAMS OF INVESTIGATORS) BE ASSIGNED TO THE CHILD ABUSE UNIT.

RECOMMENDATION: THAT INVESTIGATORS FROM THE CHILD ABUSE UNIT BE AVAILABLE ON A 24 HOUR BASIS.

An increase of 8 officers, or 4 investigation teams, should allow the Unit to conduct the majority of abuse investigations and respond to most of the requests for initial consultations. This staffing should allow for at least one team to be on duty 24 hours a day. Unit representation on all six regional committees should also be possible. Although the incidence of Unit overload should be lessened, Youth Division will still be required to respond during periods of unusual service demand.

Internal police policy specifies that officers will be assigned to the Abuse Unit for a period not to exceed 12 months and transfers in and out of the Unit occur twice a year. During these 12 months, the officers will fulfill the role of trainee during the first six months and trainer for the remaining six months. The impact of this policy needs to be examined. First, the Unit is in an almost constant state of transition with the Coordinator as the only comparitively permanent staff position. Second, expertise and practical skills could be developed further if officers were assigned to the Unit for more than 12 months. Third, it is questionable whether there should be a policy that requires the transfer of personnel who may have particular skill or a particular interest in doing abuse work.

The Team recognizes that the Abuse Unit is an important training ground and that transferring officers in and out increases the expertise in Youth Division and at the district stations. It would be preferable, however, to have additional permanent positions in the Unit and for officers to be assigned to the Unit for longer than 12 months if an investigator so chooses.

RECOMMENDATION:	THAT, IN ADDITION TO THE CHILD ABUSE COORDINATOR, 3 OF THE 8 NEW POSITIONS BECOME PERMANENT POSITIONS WITHIN THE CHILD ABUSE UNIT.
RECOMMENDATION:	THAT THE PERIOD OF ASSIGNMENT TO THE ABUSE UNIT BE INCREASED IF AN INVESTIGATOR CHOOSES TO CONTINUE TO WORK IN THE CHILD ABUSE UNIT FOR MORE THAN ONE YEAR.

Implementing these two recommendations will result in greater consistency in training and allow the Unit to retain highly skilled officers. Coordination with other systems should also be improved as Unit staff will have more time to develop and maintain relationships with other service providers. Finally, the expertise and practical skills that officers take with them to Youth Division or district stations should be enhanced with a longer assignment in the Abuse Unit. While it would be necessary to amend the collective agreement in order to achieve these ends, that should not be an insurmountable task. It will also be necessary to allow individuals to rise in rank to the maximum degree within the Child Abuse Unit.

Royal Canadian Mounted Police (R.C.M.P.)

The Royal Canadian Mounted Police are involved in those cases of child abuse that originate in a setting outside of the boundaries of the City of Winnipeg. Their major involvement in Winnipeg is with Child and Family Services of Eastern Manitoba and the Child Protection Centre.

There are six R.C.M.P. detachments in close proximity to the City of Winnipeg. These R.C.M.P. detachments are located in Selkirk, Oakbank, St. Pierre, Morris, Stonewall and Headingley. There are also small independent police forces in several communities around Winnipeg. These include East St. Paul, St. Andrews and Ste. Anne. Cases of child abuse outside of Winnipeg are investigated by the officer on call at the time of reporting. When local detachment officers are unable to respond due to other demands of general police work, the General Investigation Services (G.I.S.) officers of the Crimes Against Persons Unit (C.A.P.U.) of the Winnipeg R.C.M.P. detachment will be contacted. There are four G.I.S. officers who work out of the R.C.M.P.'s office on Portage Avenue. As these G.I.S. officers are available to all rural and northern detachments, they assist in most cases of child abuse where the child is transferred to

Winnipeg for initial assessment and investigation. Officers of the three communities with an independent police force investigate in their own towns.

All reports of R.C.M.P. investigations of possible child abuse are reviewed or "read" at central office. This provides a uniform standard of case review and ensures that all investigations meet the policy and administrative standards of the R.C.M.P. for general investigations. G.I.S. investigators are required to submit a report of their findings to the detachment's non-commissioned officer in charge within 21 days of the incident being reported.

All R.C.M.P. officers in rural detachments receive a 2 day course on family violence; most of the content of those 2 days is devoted to child abuse. These in-service courses are given to investigators routinely at years 1, 3 and 6 of service. All officers are expected to be able to do an investigation of child abuse. There is no specialized child abuse unit as is the case for the Winnipeg City Police. The R.C.M.P. training program is highly regarded.

The R.C.M.P. compile statistics on the number of sexual assault investigations. Sexual assault of children is not factored out as a separate category for statistical purposes. In 1986, the R.C.M.P. conducted 650 investigations of sexual assault in Manitoba. This compares with 559 in 1985.

R.C.M.P. involvement with child abuse work originates in a setting outside of Winnipeg. As a result, the Review Team has had only limited contact with R.C.M.P. personnel. However, two general observations can be made.

The current practice is to aggregate all sexual assaults into one statistical category. This does not allow for an accurate determination of the number of, or regional distribution of, child abuse investigations outside of Winnipeg. Statistics specific to child abuse should be compiled on a more selective basis. This would allow for a more complete assessment of the province-wide prevalence of child abuse investigations and when considered in conjunction with the Winnipeg City Police statistics could serve as a cross-reference for statistics compiled by the Department of Community Services.

RECOMMENDATION: **THAT THE R.C.M.P. COMPILE SEPARATE STATISTICS ON THE NUMBER OF CHILD ABUSE INVESTIGATIONS ORIGINATING OUTSIDE OF WINNIPEG ON A REGULAR BASIS.**

There is evidence that there is some problem with information sharing between the R.C.M.P. and the Winnipeg City Police Department. There appears to be no requirement that either police force share information as a matter of standard investigation procedure. Checking for previous police involvement is done only when there is concrete evidence that the family has a history of abuse. This means that separate and unrelated investigations of the same family or person may occur when the family or person in question moves from one jurisdiction to another. While there has been some disagreement on whether this is a practical or only a potential problem, the Team is of the opinion that further examination is warranted.

RECOMMENDATION: THAT THE R.C.M.P. AND THE WINNIPEG CITY POLICE DEPARTMENT JOINTLY EXAMINE CURRENT PRACTICES OF SHARING INFORMATION ON CHILD ABUSE CASES IN AN EFFORT TO DETERMINE IF IMPROVED PROCEDURES SHOULD BE IMPLEMENTED.

SECTION IV

SYSTEM RESPONSE: HOSPITAL-BASED MEDICAL UNITS AND THE CHILD PROTECTION CENTRE

The term medical unit has been used to refer to hospital-based clinics that provide medical treatment to injuries and diseases that are the result of child abuse. The medical consequences of child abuse are treated in most hospitals as part of the general emergency or out-patient pediatric programs.

The Child Protection Centre is a medical child abuse unit affiliated with the Children's Hospital. The Centre provides highly regarded specialized medical services on a 24 hour basis for children who are victims of abuse. In addition to this medical component, there are a number of other diagnostic, support and advocacy functions associated with the Centre. These are described in the "Treatment" and "Child Advocacy" sections of this report.

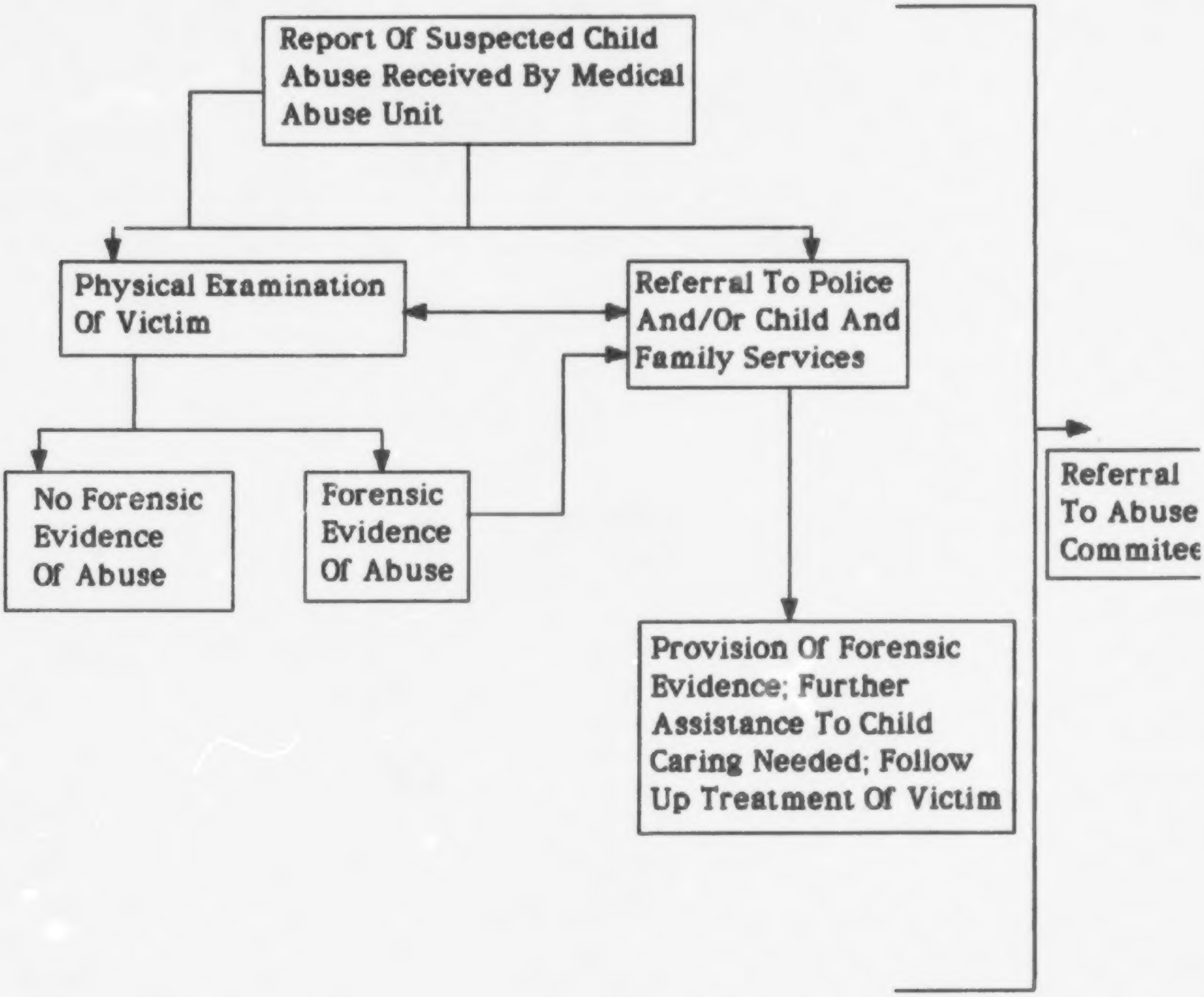
The Child Protection Centre serves as the major referral centre for most of Manitoba. Within Winnipeg, it has been the primary resource for medical investigation and immediate care of abused children. First responders will most often refer an abused child in need of a medical examination to the Child Protection Centre. This includes many attending physicians in emergency departments of other hospitals who frequently refer abused children to the Child Protection Centre for medical treatment.

The Child Protection Centre receives funding from a variety of sources. The two primary funders are the Department of Health and the Department of Community Services. No other medical unit receives a grant from both Departments for child abuse services.

Diagram III (page 62) shows the response of a Medical Child Abuse Unit when receiving a report of suspected child abuse. In most cases, this is an on-site report (bringing a suspected victim to the hospital) that may or may not have been preceded by a telephone contact from the referral source. In some circumstances a telephone contact is referred to the Winnipeg City Police or a Child and Family Services Agency. This may also result in an on-site referral. On-site referrals are given a physical examination to medically treat injuries and to determine if forensic evidence confirms that the child has been abused. If there is no medical evidence of abuse, there is generally no involvement of the system other than what is required to treat the child's injuries.

If the physical examination indicates probable cause to confirm the abuse, the case will be referred to the Police and/or a Child and Family Services Agency if this was not done at point of contact. After the referral has been made, staff will remain involved to: assist any legal proceedings by providing forensic evidence; assist the Child and Family Services Agency as needed; and provide any follow-up treatment of the child's injuries.

Diagram III: System Response: Medical Child Abuse Unit


Report Of Suspected Child Abuse Received By Medical Abuse Unit
Physical Examination Of Victim
Referral To Police And/Or Child And Family Services
No Forensic Evidence Of Abuse
Forensic Evidence Of Abuse
Referral To Abuse Commitee
Provision Of Forensic Evidence; Further Assistance To Child Caring Needed; Follow Up Treatment Of Victim

At any point the case may be referred to the Abuse Committee for consultation. This may take place even before a physical examination can be done or before the case is known to the Police or Child and Family Services Agency.

The Child Protection Centre is developing along three important lines: as a provider of clinical services, as a trainer of first line responders and as a specialized training resource for the six Child and Family Services Agencies.

While the Centre does not exist by legislation or formal mandate, the excellent medical work that is done has maintained the clinical service as a central component of the Centre's functions. As with the other response systems, however, a steady increase in service demand is straining the Centre's ability to respond. In 1985, 796 children were referred to the Child Protection Centre. This is an increase of 29% over 1984 and a 212% increase over 1982, their first year of operation. Increases were for both physical abuse (30%) and sexual abuse (28%).* In addition, staff from the Child Protection Centre are frequently requested to provide information in court on a child's behalf. This work is very demanding and time consuming and often goes unrecognized. This reduces the availability of staff for clinical work.

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*Source: Child Protection Centre Annual Report, 1985.

The net result is a backlog in the system. Social workers and police officers find themselves spending long periods of time at the hospital waiting for an abused child to be examined. This is time that could be better spent doing practical abuse work. The waiting period also places unnecessary additional stress on the abused child during a highly emotional time.

It should also be noted as regional abuse committees become operational, additional staff time will be needed to provide expert consultation services.

If the Child Protection Centre is to maintain a high standard of medical service and meet the consultation requirements of six abuse committees, it is essential that additional staff resources be provided.

RECOMMENDATION: THAT THERE BE AN INCREASE OF TWO FULL-TIME STAFF POSITIONS AT THE CHILD PROTECTION CENTRE.

IT IS FURTHER RECOMMENDED THAT ONE NEW STAFF POSITION BE A PHYSICIAN AND THE OTHER A NURSE OR SOCIAL WORKER.

The role of the Child Protection Centre in the area of training for first responders is central to the resolution of many current issues in the abuse system. Of particular importance is the need to establish medical expertise in child abuse in regionally based hospitals. This would provide much needed support to the Child and Family Services Agencies and improve regional response times. Having trained nurses and physicians working in regional medical units would improve local accessibility to expert medical services. This, in turn, would reduce the frequent backlog in the system and allow other systems to respond more efficiently. Establishing expertise in medical units outside of the Child Protection Centre has been encouraged by the Child Protection Centre.

RECOMMENDATION: **THAT THE BOARDS OF REGIONALLY-BASED HOSPITALS BE ENCOURAGED TO ESTABLISH A PARTICULAR EXPERTISE IN DETECTING AND TREATING THE MEDICAL CONSEQUENCES OF CHILD ABUSE.**

It has been asked by many how the Child Protection Centre could best be utilized as a training resource for the Child and Family Services Agencies in Winnipeg. The Centre could provide the Agencies with much of the training that is, and will be required as the system evolves. In Section IX of this report the Review Team recommends that the Province increase funding to the Child and Family Services Agencies for training of staff. The Team also recommends that each Child and Family Services team be provided with two staff specifically for the provision of treatment. These additional staff will also require training.

The particular skills of nurses, social workers, psychologists and psychiatrists at the Child Protection Centre could be made available to the regions on a regular basis through a formalized training link.

The interest of the Child Protection Centre in the area of research could complement the work that regions do in the area of child protection. Joint research projects with one or more regions could be developed along the lines of facilitating service and improving standards. Such joint cooperative efforts are essential to the long-term improvement of the working of the system.

A formal mechanism for defining and sharing the services of the Child Protection Centre should be established. This can be accomplished through negotiation of a detailed contract. There are two potential sources for such a contractual arrangement. The government, through the Departments of Health and Community Services should contract with the Child Protection Centre for the provision of clinical services and for training of first responders. The six Child and Family Services Agencies, either collectively through the larger coordinating organization or on an individual basis, should contract with the Centre to provide specialized training of line worker and therapy staff. These contracts should define the scope of the Centre's responsibility for each activity, determine budgetary requirements and specify a negotiating procedure to be followed when differences between the two parties cannot be resolved. Such a contractual relationship would need to be reviewed and negotiated annually. In time, it would be possible to extend the duration of the contract to two or more years.

RECOMMENDATION: **THAT THE GOVERNMENT OF MANITOBA FORMALLY CONTRACT WITH THE CHILD PROTECTION CENTRE FOR THE PROVISION OF CLINICAL SERVICES AND TRAINING OF FIRST RESPONDERS IN A MANNER THAT PERMITS FOR ADEQUATE RESOURCES AND APPROPRIATE FUNDING.**

RECOMMENDATION: **THAT THERE BE A RENEWABLE CONTRACT BETWEEN THE CHILD AND FAMILY SERVICES AGENCIES AND THE CHILD PROTECTION CENTRE FOR THE CENTRE TO PROVIDE CLINICAL TRAINING AND RESEARCH SERVICES.**

SECTION V

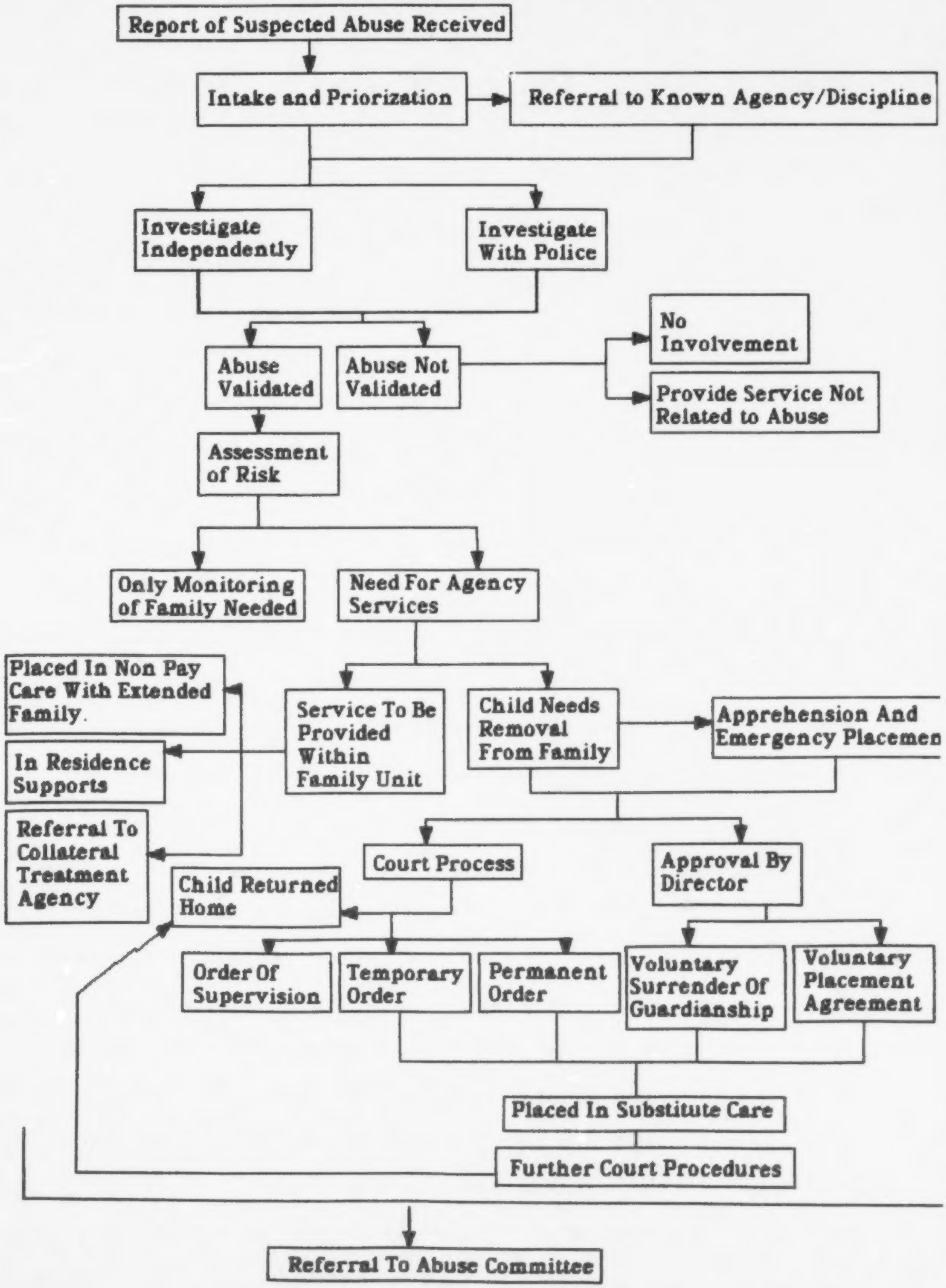
SYSTEM RESPONSE: CHILD AND FAMILY SERVICES AGENCIES

Diagram IV (page 70) shows the various sequences a case may pass through when a report of suspected child abuse is received by one of the six Child and Family Services Agencies. Intake and internal priorization are the first two activities. Intake is done by different personnel throughout the system. An Agency may: have full-time workers whose only responsibility is to do intake; rotate intake responsibilities among workers who also carry other responsibilities; or have a clerical person doing intake. Cases may be priorized by either the intake worker or by the line social worker to whom the case is eventually passed.

After a report has been priorized, one of two actions may be taken. First, the potential case can be referred to another agency. This may be done when the report is considered inappropriate or when the family or child are known to be currently involved with another agency or professional. This will be done only for lower priority reports.

The second option is to investigate the report either independently or accompanied by a police officer. In some instances, a worker may wish to be accompanied by a police officer but none may be available. As part of the initial investigation, the worker will determine if there is probable cause to believe the child has been abused (shown as "abuse validated" in the diagram) or whether there is no cause to believe that abuse has occurred (shown as "abuse not validated"

Diagram IV: System Response: CFS Agency


Report of Suspected Abuse Received
Intake and Priorization
Referral to Known Agency/Discipline
Investigate Independently
Investigate With Police
Abuse Validated
Abuse Not Validated
No Involvement
Provide Service Not Related to Abuse
Assessment of Risk
Only Monitoring of Family Needed
Need For Agency Services
Placed In Non Pay Care With Extended Family.
In Residence Supports
Referral To Collateral Treatment Agency
Service To Be Provided Within Family Unit
Child Needs Removal From Family
Apprehension And Emergency Placemen
Court Process
Approval By Director
Child Returned Home
Order Of Supervision
Temporary Order
Permanent Order
Voluntary Surrender Of Guardianship
Voluntary Placement Agreement
Placed In Substitute Care
Further Court Procedures
Referral To Abuse Committee

in the diagram). In the latter situation, the Agency may no longer be involved after the initial investigation or the worker may decide that the family would benefit from Agency services not related to abuse.

If the abuse is validated, the worker will then do an assessment of risk to determine what services, if any, the Agency should provide. In those cases judged to be of least risk, or in those circumstances where apprehension is not required but the family refuses other services, the Agency will merely provide a monitoring function. Monitoring may be done directly by the worker or coordinated by the worker with the other key actors involved such as teachers or doctors. Some Agency services may be provided with the child remaining in the family unit. These can include providing in-residence supports (e.g., homemaker, family counselling, respite, parent aide) or by referring the family to a collateral treatment agency (e.g., abusers' groups, family therapists, mental health system).

In the higher risk cases, the child may need to be removed from the family unit and placed into a substitute residential care setting for his or her own protection. Placement of the abused child can be pursued in one of several ways more fully described in the subsection "Placement Resources".

The following table illustrates the number of alleged physically and sexually abused children reported in Winnipeg from 1981 to 1985 according to the Manitoba Community Services Annual Report 1985-86:

	1981	1982	1983	1984	1985
Winnipeg reports*:	218	281	390	422	337
All Manitoba reports:	330	402	578	693	646

*Provincal statistics do not distinguish between urban and rural reports of Child and Family Services of Eastern Manitoba.

Winnipeg is divided into six catchment areas served by six community-based, regional Child and Family Services Agencies. Four of these Agencies are new and have been in operation in their region since April 1, 1985. Child and Family Services of Eastern Manitoba (formerly Children's Aid Society of Eastern Manitoba) has expanded its urban boundaries into St. Vital; while Child and Family Services of Winnipeg West has been developed from the former Community Services office located there.

At the implementation of regionalization, Agencies were funded for equivalent full-time positions (EFT's) primarily on the basis of cases distributed geographically from the old Children's Aid Society of Winnipeg. Staffing ratios were assigned and funded at the provincial scale. Increased workloads and subsequent workload reviews resulted in additional EFT's being funded by the Province in 1986.

Community Services funds the following number of EFT's:

South	31.75
Eastern	57.78
Northeast	34.25
Central	67.13
Northwest	66.88
West	38.25
TOTAL:	296.04

At present each Agency EFT has an estimated annual cost of $48,000 including salary, benefits, supervisory and clerical support and operating expenses. The following provincial salary and benefit scale is used by Community Services to fund EFT's:

Executive Director	$59,044
Supervisor	$38,000
Social Worker	$35,000
Administrative Officer	$30,000
Accounting Clerk	$22,000
Secretary	$18,000

Service Delivery

Each Agency is expected to provide mandated child protection services in addition to a range of child and family support services sensitive to local needs. Under provisions of the Child and Family Services Act, Agencies are delegates of the Director of Child and Family Services, section 4 (3), who acts under the control and direction of the Minister of Community Services, section 4 (1).

Responsibilities of Agencies are outlined under section 7 (1) of the Act. Both delegated status and accompanying responsibilities have been unilaterally determined by government. Furthermore, government establishes most of the funding for these Agencies and decides which services are billable. Agencies have little control over service funding and carry the responsibilities of service delivery.

This dynamic is beginning to change; not because government is relinquishing control, but because it is being pulled into the mire of service delivery where previously it stood at arm's length. The most compelling reason for this is the number of service complaints being lodged against the Child and Family Services Agencies. Complaints which reach the Minister's office or are referred by the Ombudsman are sent down to the Director of Child and Family Services. Child and Family Support staff spend much time questioning Agency decision-making in particular cases, interviewing Agency staff and collaterals and reviewing files. As a result, service delivery problems are as troublesome for the

Support Branch and, ultimately, government, as they are for the Agency. The Support Branch prefers to view this situation as primarily an Agency problem. There is a perception that if only workers could be more professional and managers more competent, service-related problems would be minimal.

While service delivery may not be optimal at present, regionalization can demonstrate two areas of overwhelming success: accessibility and local sensitivity. Child and Family Services are more accessible to Winnipeg residents than at any time in the city's history. However, this increased accessibility has resulted in an increased demand for service far exceeding the expectations of regionalization's architects. Regionalization has also given Agencies the potential flexibility to respond to local needs and configure services accordingly. It follows that one should not expect uniform delivery mechanisms; rather, one might hope to find similar quality and outcome of services within differing formats.

Workload

There is broad acknowledgment that since regionalization, workloads have increased for all Child and Family Services Agencies. Although the Review Team is cognizant of the limitation caseload counting poses for determining workload, the number of open cases has risen by 71.6% - from 4,287 on April 1, 1985 to 7,357 by December 1, 1986. Within some Agencies, the rate of case growth has been more pronounced.

	NW	NE	C	S	W	E
Open cases, April 1/85:	686	360	693	440	1000	1108
Open cases, Dec. 1/86:	1445	1315	1186	770	985	1656
Rate of Change (%):	110.6	36.5	71.0	75.0	-1.5	49.5
Child abuse cases, Dec. 1/86*:	256	300	114	146	88	131
Abuse cases as % of caseload, Dec. 1/86:	17.7	22.8	9.6	19.0	9.0	8.0

*Agency statistics.

Without a definition of just what constitutes a "case" and a competent time and motion study, an accurate picture of workload cannot be ascertained. Nevertheless, social workers across Agencies, and with rare exception, indicate increasing workload demands and diminishing abilities to provide the kind and quality of service deemed appropriate.

Much of the workload is client-driven; however, there is also a proportion of workload produced through the operation and maintenance of a decentralized system. To succeed, such systems require, at minimum, adequate funding, service standards, multidisciplinary staffing, adequate referral mechanisms, and the ability to communicate and integrate. These "administrative demands" require time and energy - demands which detract from the client. Workers estimate that between 25 - 30% of their time is spent in direct client contact (face to face, telephone or letter). This estimate is probably somewhat high. The remaining time is spent "communicating" and "coordinating" with other systems, doing paper work, trying to effect consultation, driving and waiting in hospitals and court rooms.

An 8 hour work day less 1 hour for lunch and 30 minutes for coffee breaks leaves 6.5 actual working hours. At 25%, 1.6 hours are potentially available for client contact; at 30%, 2 hours are available for such contact. If therapy is an expectation of social workers, the amount of time available for client contact must increase. How this is best achieved (through the addition of more staff, a reduction of other demands consuming the 70 - 75% of time, or constant overtime) must be determined.

Increased client and system demands are weighing heavily upon social workers. Many are working long hours in excess of the normal working day. While none of the Agencies record overtime hours, it is clear more overtime hours are worked than compensated. The practice of granting "time off" in lieu of payment leaves workers reluctant to take accrued time off for fear of falling further behind in their casework.

Stress levels are high and many workers report signs and symptoms of burnout. Skilled and experienced practitioners have either left Child and Family Services Agencies or are actively pursuing alternate employment prospects. It should be noted that some teams are indicating higher stress levels than others as a result of caseload size and risk, inadequate supervision, difficulties in accessing resources and high staff turnover. The

Review Team is aware of a number of staff who have left without having other employment rather than continuing under these conditions.

A workload study was undertaken in 1985 and resulted in additional staffing resources being allocated to Agencies. Fundamental questions over the accuracy and appropriateness of Agency caseloads were not addressed, nor was the definition and standardization of "an open case".

RECOMMENDATION: **THAT THE MINISTER OF COMMUNITY SERVICES AND THE CHILD AND FAMILY SERVICES AGENCIES JOINTLY UNDERTAKE ANNUAL WORKLOAD STUDIES IN ALL CHILD AND FAMILY SERVICES AGENCIES.**

Demographics

Regionalization has highlighted the demographic differences across the city and has allowed Agencies to advocate more vigorously for the needs of their client groups. Though child abuse may be a presenting problem for families in Fort Richmond and Gilbert Park, their needs and responses to intervention differ substantially.

Health and Welfare Canada data provided through the tracking of family allowance recipients within Child and Family Services Agency boundaries note some interesting trends. (See Chart - page 81.) Although the numbers of children in all catchment areas declined through the late 1970's and virtually all reached their low ebb in 1981, thereafter, the rate of change in child population across Winnipeg has differed. Northeast, Central, South and Eastern show little or no change in child population; the child population in West has never stabilized and continues to decline; and the child population in Northwest shows significant increases.

A further breakdown of children by age group as of December, 1985 reveals the following:

AGE	REGION						TOTAL
	NW	NE	W	C	S	E	
>12 yrs	7550	8514	7641	4047	7191	6549	41492
%	27.4	28.3	33.0	24.7	30.0	29.0	28.8
6-12 yrs	9110	10196	7712	5026	7735	7525	47304
%	33.0	34.0	33.2	30.7	32.1	33.4	32.9
<6 yrs	10923	11307	7848	7298	9131	8465	54972
%	39.6	37.7	33.8	44.6	38.0	37.6	38.2

Regional adolescent populations exceed the mean in West, South and Eastern; 6 to 12 year old populations are very close to the mean across regions; and the population of young children exceeds the mean in Northwest and Central.

When children two years and younger are selected for the same time period as a percentage of total child population, only Northwest and Central exceed the mean:

AGE	REGION						TOTAL
	NW	NE	W	C	S	E	
≤ 2 yrs	4745	4829	3316	3474	3960	3652	23981
%	17.2	16.1	14.3	21.2	16.5	16.2	16.7

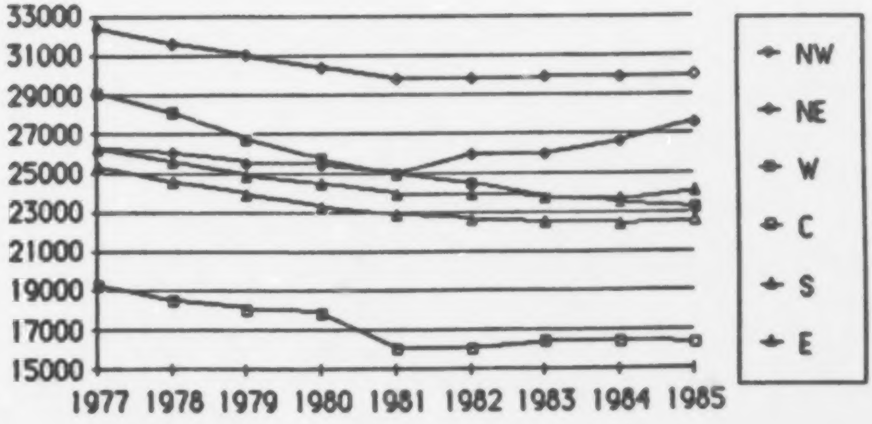
Population projections for Winnipeg calculated by the Manitoba Bureau of Statistics indicate a declining pre-school population in Winnipeg, an increase in the 5 to 9 age group until 1989, an increase in the 10 - 14 age group until 1994, and an increase in the 15 - 19 age group until 1999. Annually, the population of Winnipeg is expected to grow incrementally into the next century. An increasing population of older children will have an impact on Agencies currently experiencing a high service demand from families with adolescents.

Demographic differences between Agencies with regard to family income can have an impact on service delivery as well. Poverty brings with it a range of related problems which affect parental ability to care for children. (Although it must be emphasized that not all families living in poverty abuse their children). Low income limits the availability of adequate housing and can promote transience as a consequence of searching for housing. Related problems can include low education, poor nutrition, ill-health and limited access to recreation.

TOTAL NUMBER OF CHILDREN RESIDENT IN EACH CHILD AND FAMILY SERVICES REGION *

	NW	NE	W	C	S	E
1977	26320	32451	29105	19311	26257	25360
1978	26060	31686	28140	18525	25582	24572
1979	25498	31048	26787	18056	24892	23917
1980	25415	30451	25762	17894	24477	23277
1981	24945	29860	24981	16112	23940	22872
1982	25976	29895	24472	16086	23945	22620
1983	26029	29934	23718	16453	23762	22463
1984	26638	29985	23484	16487	23678	22437
1985	27583	30017	23201	16371	24057	22539

*Children in care are excluded from the calculation; the 1982 calculation for Central is an estimate.



The Review Team has not undertaken a detailed analysis of family incomes across Agencies. Some Agencies have this data as a result of a community needs assessment. A study has been undertaken by the Winnipeg School Division #1 based upon 1981 census data using elementary schools as a definition of neighbourhood. This Division has three Child and Family Services Agencies within its catchment area and will serve as an example to show some of the differences within and between Agencies regarding income, single parent households and education. Four schools within each catchment area illustrate the ranges.

AGENCY	SCHOOL	MEDIAN FAMILY INCOME 1986$	%SINGLE-PARENT FAMILIES 1981	%PARENTAL EDUCATION < GRADE 9 1981
NORTHWEST	DAVID LIVINGSTONE	$11,125	42.6	31.5
	WILLIAM WHITE	$18,357	28.6	26.5
	RALPH BROWN	$24,142	21.2	22.9
	GARDEN GROVE	$35,880	4.4	5.9
CENTRAL	VICTORIA-ALBERT	$15,357	25.9	28.4
	PINKHAM	$22,826	17.6	28.6
	LAURA SECORD	$26,108	20.5	13
	SARGEANT PARK	$28,797	12.1	22.4
SOUTH	FORT ROUGE	$19,214	25.7	8.5
	HARROW	$24,671	17.6	18.8
	ROCKWOOD	$29,929	11.4	15.2
	ROBERT H. SMITH	$50,811	8.1	1.6

Some aspects of demography were incorporated into the Agency caseload study undertaken by the Province in 1985. Northwest and Central were the major recipients of additional staffing allocations as an outcome of that report. It would appear that perhaps more problems exist within Central and Northwest's catchment areas. What cannot be determined, because of insufficient detailed research, is whether the extent of problems is derived from service utilization rates and profiles of clients, the nature of staff responses, the quality of supervision, the availability of resources, or overall Agency management (or some combination thereof). Moreover, staff in other Agencies are quick to point out that while their caseload problems may be different to those of Northwest and Central, they are no less severe.

Unless research and development is undertaken in the area of workload distribution and management to determine consistent measures across Agencies, funding bodies will never be certain why some Agencies are struggling more than others. Such research might also assist funding bodies in determining the extent of resources all Agencies require to approach or attain an optimal level of functioning. The attainment of that level has the potential of not only making service delivery more effective, but also reducing the burden upon staff. Such knowledge is fundamental to any rational decision concerning levels of funding.

Generic Social Work

Detailed needs assessments have been conducted by some Agencies in order to gain a better understanding of the nature and intricacies of their respective communities. However, much of the debate around problems with service delivery ignores the complexities of demographic differences and challenges for an Agency. It is simplified to a discussion of pros and cons of generic versus specialist service delivery. The generic approach to service delivery presumes familiarity with and competence in a wide range of child and family services; the specialist approach presumes expertise in specific functions and excludes other service areas. Sharpest criticism over the generic approach to service delivery comes from Agencies which regularly contact Child and Family Services and from professional organizations.

The criticism follows from a recognition that child abuse detection, investigation, and treatment require skill and experience. Such expertise can be best sustained and further developed through specialization although at some cost to their grasp of the total system. Social workers who must provide a range of child and family services may not work with a sufficient number of abuse cases to expand their expertise to a sufficient degree. In addition, not all social workers may want to work with abuse victims or offenders, as they find this work repugnant.

There are social workers in the field who are uncomfortable with their generic role, some of whom are redeployed specialists from the Children's Aid Society of Winnipeg. With the exception of these specialists who once staffed the abuse unit at the former Children's Aid Society, most workers feel that they lack training and familiarity with the handling of child abuse cases.

Depending upon the region, five Agency responses, which are not mutually exclusive, are possible:

1. Ensure the caseload reflects some aspect of the individual's specialty.
2. Pair an inexperienced worker with experienced abuse workers.
3. Ensure supervisory consultation to develop expertise.
4. Provide in-service training and workshops.
5. Encourage that individual to leave.

Most generic social workers within Child and Family Services Agencies would be more comfortable handling child abuse intakes given: adequate training, the time to conduct a thorough assessment of the situation, availability of resource options, and effective consultation. The current high number of cases requiring Agency response perpetuates a crisis orientation. Conditions necessary for successful generic social work are simply not present at this time.

Moreover, the sheer number of abuse cases precludes their being handled by specialists unless that specialist unit is very large. As of December 1, 1986, Agencies were involved with 1,035 child abuse cases. Those who advocate for a specialist unit tend to offer fond remembrances of the former Children's Aid Society of Winnipeg child abuse unit, but in isolation from the current crisis in abuse intakes.

The Child and Family Services Act is silent on just how services are delivered with reference to a generic or a specialist approach. There is no preference for either approach by the Director of Child and Family Services, with the caveat that whichever approach is chosen must deliver services to an acceptable standard.

Within regions, units are developing their own definition of "generic". Emerging in some units is a blend of specialist and generic services - the generic team. Cases are distributed more on the basis of interest or specialty and less on the basis of geography, within the team's regions. The result is that much of a social worker's caseload can reflect their primary area of interest, although they can become involved in other areas should the need arise. The team then uses the strengths of its social workers to deliver generic services. At the regional level, one can find specialists in abuse, foster homes, and community development. At least one unit has moved to intake as a specialty, assigning several social workers to undertake this role as their sole function. Generally, flexibility and doing what is required to get the job done is superceding strict adherence to a particular approach.

Homemakers

Child and Family Services Agencies rely extensively on the use of homemakers to act as family supports. Homemakers are frequently placed within a family to help stabilize a crisis situation. This ideally would prevent unnecessary apprehension of children when the assessment of risk is such that it is safe to permit them to remain at home. They are also used to supervise children who are apprehended and temporarily housed in motels when placement resources are unavailable. Increasingly, the six Child and Family Services Agencies have sought further funding to expand homemaker services.

There is a general expectation that homemakers can keep families together when risk is sufficiently low, but they are not able to overcome the destructive qualities of very high risk homes. It has been the observation of the Review Team that there is considerable variation in the skills, knowledge and training of homemakers to work in homes of low or intermediate risk families. The Team is unaware of any program that would effectively train homemakers to work in high risk families at this time.

Homemakers can be a useful family support if their skills and experience are matched appropriately to the degree of risk presented by the family situation. Conversely, placing an ill-trained homemaker in a high risk home only succeeds in avoiding the apprehension of children. It would not minimize the potential for re-abuse and could actually result in the situation deteriorating because the support may be inappropriate to the family's needs.

Follow-up Services

It is estimated over 80% of abuse referrals made to Child and Family Services come from the education and day care systems. The lack of follow-up by Child and Family Services staff is a common complaint of teachers and day care workers across the city. Once a child has been referred to a Child and Family Service Agency as a consequence of an abuse disclosure, information sharing with schools and day care centres rarely occurs.

A common scenario goes as follows:

A child discloses abuse (usually sexual) to a teacher or day care worker. That individual or their administrator contacts Child and Family Services as is required under the Act. If the abuse is recent or ongoing, the child will likely be apprehended by a social worker and taken from the school or day care to the Child Protection Centre for examination. The social worker may also advise the teacher or day care worker on what information can be shared with the child's parents without jeopardizing an abuse investigation.

The school day ends with no contact from the social worker regarding the child's status. The parents arrive at the school or day care demanding to know their child's whereabouts. The school or day care are only able to tell the parents that their child is safe and at the hospital.

The next day, the child may be back at school or day care with, as yet, no word from Child and Family Services' social worker or; the child may be absent and neither the school nor day care is certain whether the child is now in care. By this point, the teacher or day care worker may have left several messages for the social worker at the Child and Family Services Agency.

Referring a child to a Child and Family Services Agency can be a difficult decision to deal with. A feeling of uncertainty about whether or not the referring person "did the right thing" is not uncommon. The current practice of not contacting the referral source within "reasonable time" results in frustration and anger on the part of the referral source. This practice also has the potential of impairing the relationship between Child and Family Services and the day care and education systems. Future contact with the child and family services system may be approached with much trepidation on the part of teachers or day care workers. While some instances of poor communication may be a consequence of individuals within schools or day care facilities failing to talk to each other, the initiative for follow-up rests with the Agency.

Another consequence of poor follow-up practices is that important case specific information is never brought to the attention of the Child and Family Services worker. Schools and day care centres see the child on a daily basis. Staff come to know the child well, particularly with reference to personality and developmental characteristics. This information, invaluable for case planning or court purposes should the child come into care, tends not to be solicited by the social worker. Schools and day care centres are left to the periphery of the team process although they account for most of the referrals into the system.

Currently there is no formal requirement that Agencies do follow-up work with referral sources. Section 19 (3) of the Act refers generally to follow-up but leaves consultation with the referral source to the Agency's discretion. In Section X of this report, the Review Team recommends that comprehensive procedural standards be developed for the child and family services system. An integral component of these standards should be a section covering follow-up work with referral sources. This section of the standards should require that follow-up be done, specify a maximum time period within which follow-up must occur and provide general direction on the type of follow-up information that should be provided to the referral source.

RECOMMENDATION: **THAT FOLLOW-UP WORK WITH REFERRAL SOURCES BE REQUIRED AS PART OF THE COMPREHENSIVE PACKAGE OF PROCEDURAL STANDARDS FOR THE CHILD AND FAMILY SERVICES SYSTEM.**

Another area of concern involves the advice given to teachers or day care workers regarding what information can or should be shared with the child's parents. Practices in this regard seem to vary across the system. Some workers may tell the teacher or day care worker not to tell the parents anything; some workers will explain what information can be given to the parents, while in some circumstances, there is no direction given to the teacher or day care worker. There should be some consistency throughout the system for informing parents without unnecessarily jeopardizing the abuse investigation.

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES IN CONJUNCTION WITH THE WINNIPEG CITY POLICE CHILD ABUSE UNIT, THE DEPARTMENT OF EDUCATION AND THE MANITOBA CHILD CARE ASSOCIATION DEVELOP GUIDELINES THAT SPECIFY THE TYPE AND AMOUNT OF INFORMATION THAT CAN AND SHOULD BE PROVIDED TO PARENTS OF AN APPREHENDED CHILD BY THE REFERRAL SOURCE.

PREVENTION

The need for more "prevention" or "preventative" programming is a common theme articulated across Child and Family Services Agencies, with some Agencies stressing prevention more than others. A wide array of preventative services and programs have emerged across Winnipeg.

However, prevention is a problem within the child and family services system. The Act identifies prevention in The Declaration of Principles and in the Duties of Agencies, section 7 (1). In neither case is the concept defined. Definition is left to the individual developing the preventative program.

In the planning of regionalization, attention was paid to prevention in two main documents: Paper II - Family Service: The Foundation of the Child and Family Service System and Paper IX - Preventive Services/Resource Centre. These discussion papers were part of a series written by members of the child and family services system.

The former document recognized the need for wide-ranging, family-centerd services with some of the more common being homemaker services, day care, parent aides, services of the mentally retarded and family counselling. Additional family support mechanisms were also identified: deployed worker projects, specialized foster homes, the integration of child placement services and family therapy, teen support work and the use of resource centres.

A concept of service provision was advanced paralleling primary, secondary and tertiary theories of prevention:

Primary:	The broad use of supports, preventative resources, education and interventions, including community development which remove obstacles to or enhance the ability

of families to care for themselves within their community before abuse occurs.

Secondary: The provision of direct services to identified families for the purpose of creating specific change.

Tertiary: The assurance that other necessary interventions are made within a context of a family-oriented approach, such as crisis intervention, apprehension and planning for children in care.

Paper II also noted that child maltreatment occurred more frequently when a confluence of forces acted upon a family - economic privation, lack of parenting skills, and personal crisis or psychopathology. Furthermore, abuse was more frequent in the absence of positively influencing social support networks.

In creating preventative programs, Paper II recommended the enhancement or creation of a variety of community-based social networks which would extend support to families, mediate with the larger structures, represent the neighbourhood at the Agency level, carry outreach activities to high risk families, and shape neighbourhood values.

Within the primary prevention context, a family support and development model was suggested and was comprised of four parts.

1. Community Development:

This would involve the assessment of needs of children and families within a given community. It would also include network creation at the neighbourhood level and outreach to isolated families.

2. Educational, Social and Recreational Programming:

This would involve the provision of an array of activities from operating programs, facilitating community groups to operate or acquire needed programs, and to work in conjunction with other systems.

3. Provision of Family Supports and Resources:

This would include the use of homemakers, parent aides, self-help groups, babysitting services and day care.

4. Information, Referral and Short Term Counselling:

This would include "connecting" and "clarifying" roles.

Organizational and administrative issues were identified as well. Cooperative structures between Agencies, within Agencies and within regions would have to be developed; while successful implementation of a new service delivery model would require the problem solving capability of community boards, administration, staff and consumers.

Paper IX defined prevention as an "anticipatory" action for one of two purposes. The first is to reduce the possibility of an event or condition from occurring or developing. The second is to minimize the damage that may result from this event or condition if it does occur or develop. The paper acknowledged that wide range of services and resources are possible in developing a preventative approach to human services. More significant are the organizational framework, staffing model and locus of service which is used.

It proposed the resource centre as the means by which at risk groups who do not normally become involved in the system could be reached. Such centres would be the locus from which community development, advocacy and outreach activities would be delivered. The resource centres of the Children's Aid Society of Eastern Manitoba were offered as one possible model for this approach.

The reality for prevention services in Winnipeg in 1987 is one of fragmentation, confusion and a lack of coordinated efforts. Some Child and Family Services Agencies have adopted the resource centre model for preventative service delivery. Others have opted for a more community organized approach with the intent of developing and empowering local community councils to determine services. The former tends to be more "professional" controlled while the latter is more controlled by the community.

There is limited recognition of the prevention efforts of collateral disciplines. Both hospital-based and public health nurses are active in the identification of perinatal risk. Another program which is vital to issues of prevention and early intervention is "Feeling Yes, Feeling No" offered by some Winnipeg school divisions.

Confusion still remains over "prevention" and "early identification". Many prevention activities directed at child abuse are early identification and case finding services. They have become, in part, the intake for child protection services rather than family supportive services as was originally envisioned in the discussion papers prior to regionalization.

Coordination of prevention efforts is also absent. Some agencies have community development or prevention workers; others add prevention to the list of duties performed by line social workers. Some communities are organized around neighbourhoods and housing developments; others are organized around schools; and some are organized around resource centres. Currently, there are three inter-agency councils operating in Winnipeg: one in St. James-Assiniboia, one in the inner city and one in East Kildonan-Transcona. Although agency representatives appear to attend meetings from one council to another, the primary outcome is information sharing.

The result is an abundance of small scale projects and activities being delivered at the local level. Lacking are larger prevention projects which cut across agency boundaries. To date, regionalization has maintained the focus of preventative services within regional boundaries.

Collateral agencies, such as Family Services of Winnipeg note the apparent lack of secondary prevention within the child and family services system (see Appendix). The Child and Family Services Agencies tend to move from what they perceive to be primarily preventative services to tertiary services. This reflects, partly, the funding bias for Child and Family Services under the Canada Assistance Plan. Services for children in care are readily funded and are open-ended; services to prevent taking children into care are funded to a more limited extent and are capped.

FUNDING OF THE MANITOBA CHILD AND FAMILY SERVICES SYSTEM

The Review Team's analysis of expenditures within the Manitoba child and family services system indicates that there are a number of important current trends. The most significant of these is the reduced fraction of the Provincial budget which is devoted to Child and Family Services and the shift of resources from child maintenance to the hiring of staff within Child and Family Services. It should be noted that all dollar amounts in this section, unless specified otherwise, are represented in constant dollars with 1981 being the base year.

The data indicates that, in constant 1981 dollars, there has been a significant increase in the size of the Manitoba child and family services system since the 1980/81 fiscal year. The 1986/87 total budget is $62,913,292.59 which is an increase of 34.4% over the 1980/81 budget of $46,796,777.78. However, the contribution of the Provincial Government to this system has been comparatively constant while the contribution from the Federal Government has risen by $8,602,109.58 to a total of $9,077,998.47 in the 1986/87 fiscal year. This federal money provides the financial basis for the work of the Native agencies in Manitoba. Total child and family services expenditures as a percentage of the Provincial budget have varied within the narrow range of a low of 2% in 1981/82 and a high of 2.14% in 1984/85.

The Federal Government also contributes to other child and family services costs, which are termed "Provincial" expenditures in this section, through the mechanism of the Canada Assistance Plan. Calculations by the Review Team show the Province's contribution as being higher than it is in fact, as the total includes the Federal Canada Assistance Plan contribution. Nevertheless it indicates the trends in spending for the main child and family services over the last seven years. While more detailed separation of these monies would be useful in some contexts, the aggregate numbers are adequate for the purposes of this review.

The Province's contribution to these services has remained relatively constant since the 1981/83 fiscal year. There was a substantial increase in Provincial expenditures between 1980/81 at $46,320,888.89 and 1982/83 at $52,547,058.82, an increase of 13.4%. However, the total change between 1980/81 and 1986/87 is only 16.2%; a further 2.8% over the last 4 years. However, there has been a decrease in the Province's expenditures on child and family services when measured as a percentage of the total

Provincial budget. The Province spent 1.82% of its 1986/87 budget on child and family services as compared to 2.03% in 1980/81 which is a decrease of 0.21%. While this is a small percentage of the total, it amounts to a sum of $8,126,174.49 when expressed in 1986 dollars.

There has been a distinct reallocation of funds within the budget, with expenditures on child maintenance being reduced and service and administration costs steadily increasing. This is primarily a consequence of more staff being hired to work in the Agencies and a reduction in the amount of money being spent on institutional care, such as group homes. Service and administration expenditures have increased by 120.76% and child maintenance costs have decreased by 9.42% since 1980/81. In 1980/81, the ratio of service and administration costs to child maintenance costs was 1:3.43 and the 1986/87 ration is 1:1.41. As this indicates, the difference in cost between the two budget items is lessening quickly.

In brief, the trends in expenditures show a movement from institutional care towards a higher emphasis on community care. Unfortunately, the magnitude of the problem is so large as to mitigate against the success of this strategy at present levels of expenditure. It has become clear in the course of this investigation that the current system is operating under great stress and that it requires all of the available resources to maintain intake and crisis services. The enormous incidence of child abuse that has emerged since the creation of the regional

Agencies was not predicted by anyone and increased funding is required in order to provide services to these children.

However, as there is no means available to determine the potential magnitude of the demand for these services and, since there is no credible data system that can determine the effectiveness of different organizations or specify the size and characteristics of the workloads of the Agencies; there is no precise method available to be used in determining how much additional funding is required to provide adequate services to abused children. In the absence of tools for rational planning, and in the face of an urgent need for services, the Review Team advocates an immediate increase to the baseline budgets of the Agencies and the corresponding increase in the child maintenance budget. These increase should be separate from any increases which are intended to cover current budgetary deficits and to provide salaries and increments for current staff. This change in the baseline budget also implies a rise in the child maintenance budget which, given the current ratio between service and administration and child maintenance costs, would be equal to 141% of the increase in the service and administration budget. However, as this staff increase is likely to begin to effect some savings in other parts of the system, a 1:1 ration of child maintenance budget to service and administration budget is likely to be sufficient.

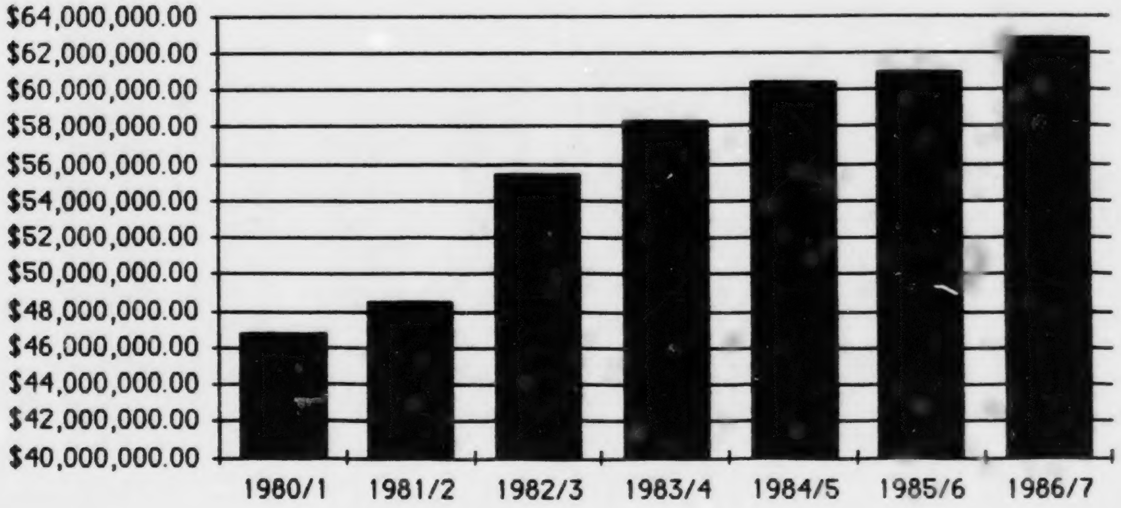
RECOMMENDATION: THAT THE BASELINE BUDGETS OF THE CHILD AND FAMILY SERVICES AGENCIES BE INCREASED BY $2,000,000. WHICH WILL INCREASE THE SYSTEM BY APPROXIMATELY 40 CASEWORK STAFF AND THAT THE CHILD MAINTENANCE BUDGET BE INCREASED BY $2,000,000. TO PROVIDE FOR THE CARE AND SUSTENANCE OF THE INCREASED NUMBER OF CHILDREN WHO WOULD BE RECEIVING CARE.

EXPENDITURES ON SERVICES TO CHILDREN

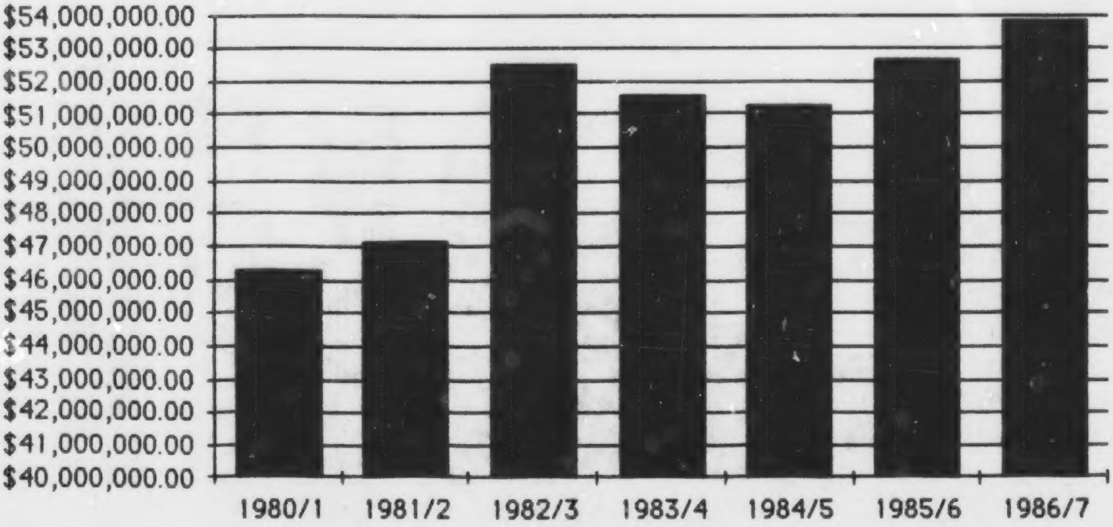
					CONSTANT DOLLARS (1981)		
FISCAL YEAR	CONSUMER PRICE INDEX Manitoba	TOTAL CHILD WELFARE EXPENDITURES	PROVINCIAL CHILD WELFARE EXPENDITURES	TOTAL PROVINCIAL BUDGET	TOTAL CHILD WELFARE EXPENDITURES	PROVINCIAL CHILD WELFARE EXPENDITURES	TOTAL PROVINCIAL BUDGET
1980/81	90	$42,117,100	$41,688,800	$2,057,913,309	$46,796,778	$46,320,889	$2,286,570,343
1981/82	100	$48,609,500	$47,175,400	$2,431,863,998	$48,609,500	$47,175,400	$2,431,863,998
1982/83	108.8	$60,438,700	$57,171,200	$2,843,608,038	$55,550,276	$52,547,059	$2,613,610,329
1983/84	116.1	$67,804,300	$59,905,900	$3,226,104,238	$58,401,637	$51,598,536	$2,778,728,887
1984/85	120.3	$72,848,800	$61,696,500	$3,407,180,369	$60,555,943	$51,285,536	$2,832,236,383
1985/86	125.3	$76,462,100	$65,981,400	$3,644,887,921	$61,023,224	$52,658,739	$2,908,928,907
1986/87	130.9	$82,353,500	$70,470,400	$3,869,606,900	$62,913,293	$53,835,294	$2,956,155,004

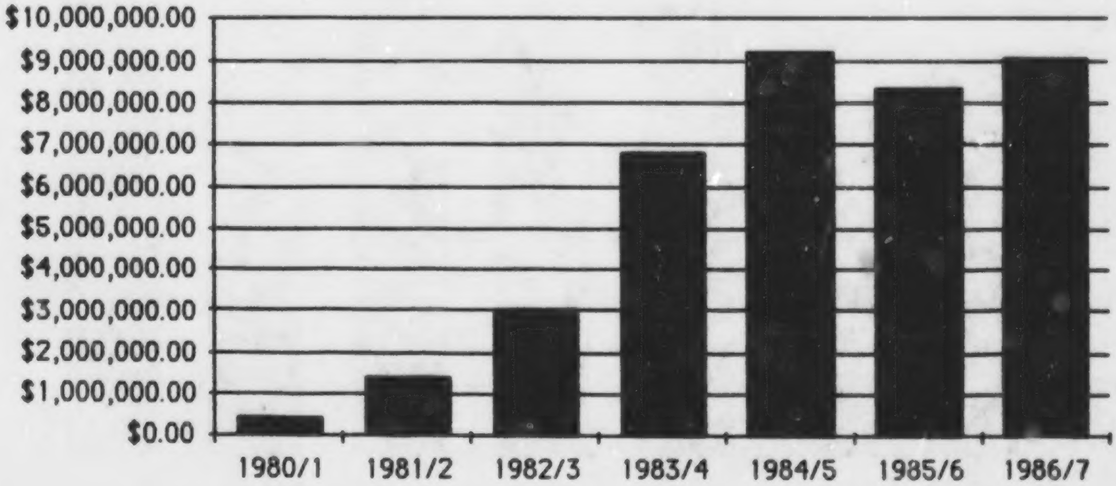
TOTAL CHILD WELFARE EXPENDITURE AS A % OF THE TOTAL PROVINCIAL BUDGET	MANITOBA CHILD WELFARE EXPENDITURES AS A % OF THE TOTAL PROVINCIAL BUDGET
2.0466%	2.0258%
1.9989%	1.9399%
2.1254%	2.0105%
2.1017%	1.8569%
2.1381%	1.8108%
2.0978%	1.8102%
2.1282%	1.8211%

TOTAL EXPENDITURES FOR MANITOBA CHILD WELFARE IN CONSTANT DOLLARS
(1981)



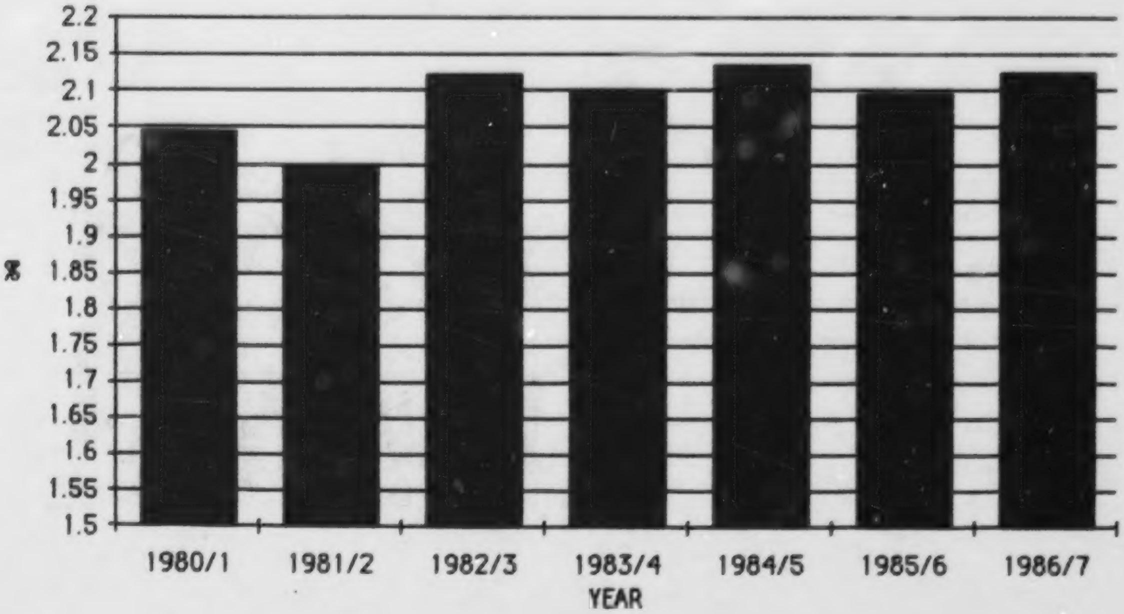
PROVINCIAL EXPENDITURES ON CHILD WELFARE IN CONSTANT DOLLARS (1981)



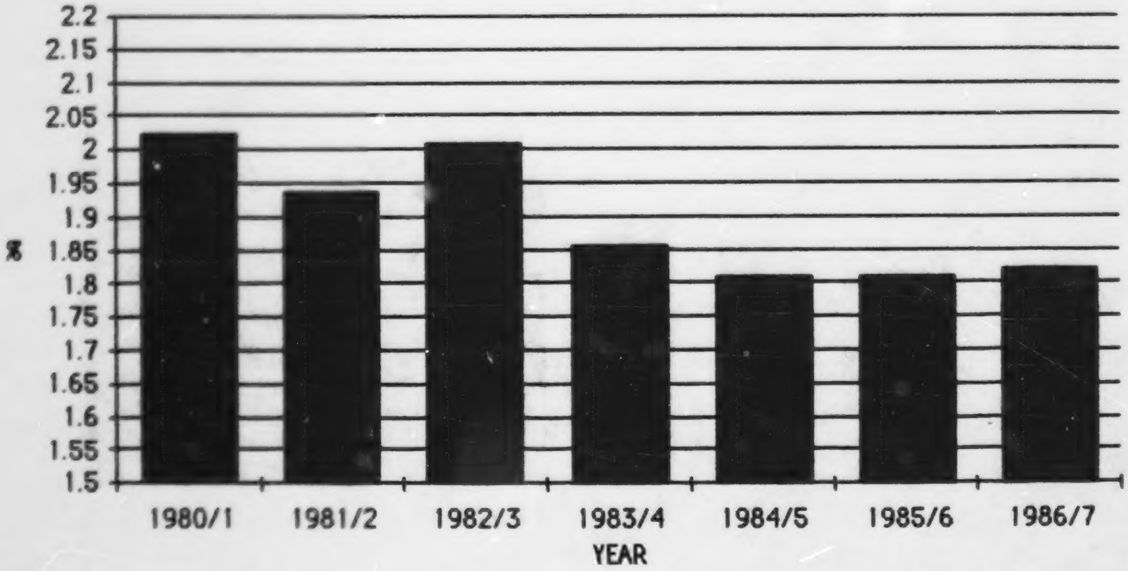


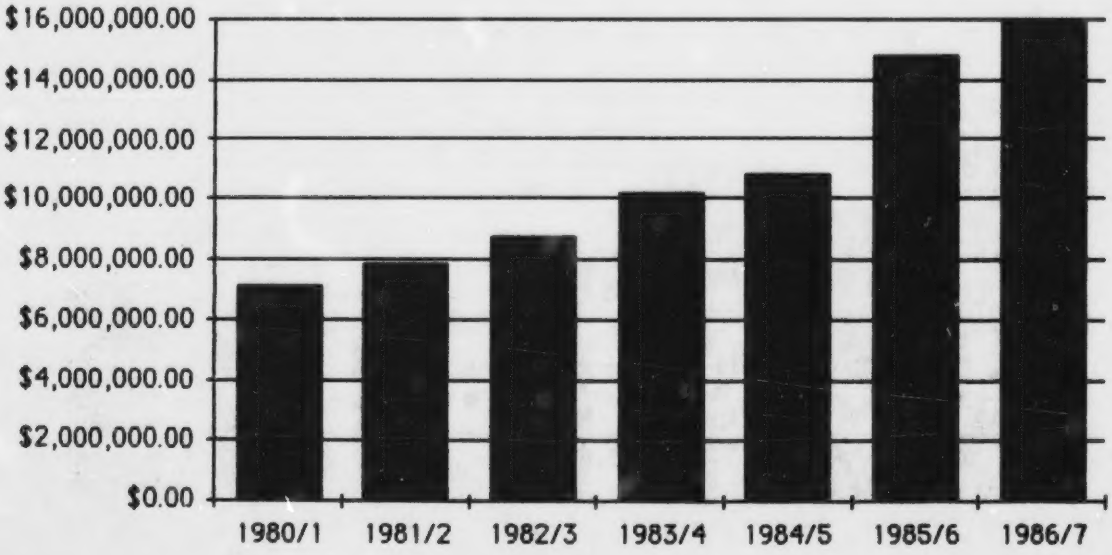
FEDERAL EXPENDITURES FOR MANITOBA NATIVE CHILD WELFARE IN CONSTANT DOLLARS (1981)

TOTAL CHILD WELFARE EXPENDITURES AS A % OF THE TOTAL PROVINCIAL BUDGET



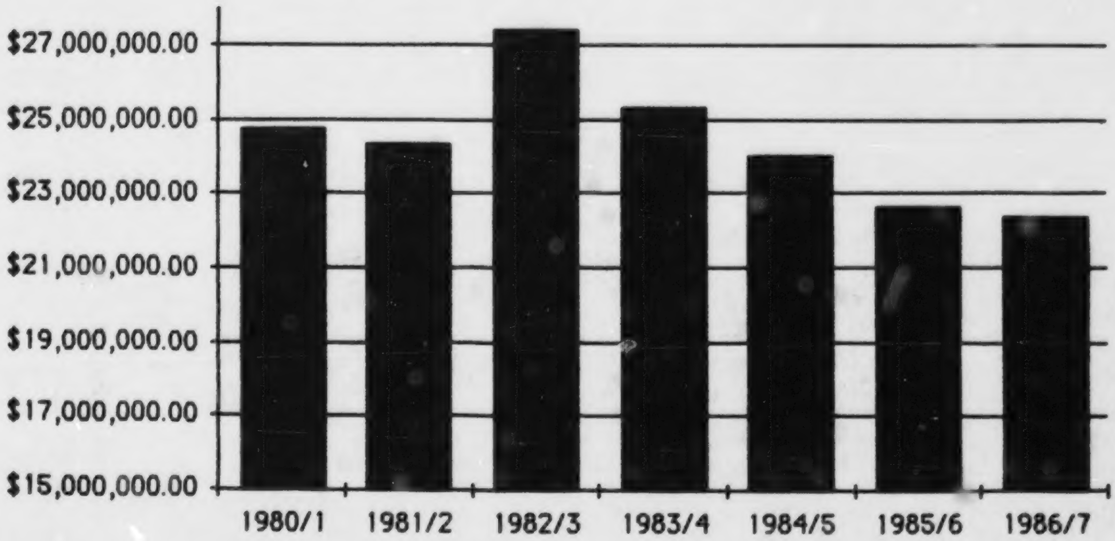
PROVINCIAL CHILD WELFARE EXPENDITURES AS A % OF THE TOTAL PROVINCIAL BUDGET





SERVICE AND ADMINISTRATION EXPENDITURES IN CONSTANT DOLLARS (1981)

CHILD MAINTENANCE EXPENDITURES IN CONSTANT DOLLARS (1981)



CHILD WELFARE EXPENDITURES BY EXPENDITURE CATEGORY:

CATEGORY	1980/81	% OF TOTAL	1981 DOLLARS
Child Maintenance	$22,255,900.00	52.84%	$24,728,777.78
Service And Administration	$6,486,900.00	15.40%	$7,207,666.67
Directorate	$473,200.00	1.12%	$525,777.78
Seven Oaks	$945,400.00	2.24%	$1,050,444.44
Regional Staff	$1,987,900.00	4.72%	$2,208,777.78
St. Amant	$6,367,100.00	15.12%	$7,074,555.56
M.D.C.	$1,488,100.00	3.53%	$1,653,444.44
Divisional Administration		0.00%	$0.00
Finance Administration	$767,800.00	1.82%	$853,111.11
Departmental Administration	$299,900.00	0.71%	$333,222.22
Administration Total:	$1,067,700.00	2.54%	$1,186,333.33
5-1-F	$616,600.00	1.46%	$685,111.11
PROVINCIAL TOTAL:	$41,688,800.00	98.98%	$46,320,888.89
Federal Contribution To Native Agencies:	$428,300.00	1.02%	$475,888.89
GRAND TOTAL:	$42,117,100.00	100.00%	$46,796,777.78

CATEGORY	1981/82	% OF TOTAL	1981 DOLLARS	% CHANGE
Child Maintenance	$24,338,900.00	50.07%	$24,338,900.00	9.36%
Service And Administration	$7,918,800.00	16.29%	$7,918,800.00	22.07%
Directorate	$604,200.00	1.24%	$604,200.00	27.68%
Seven Oaks	$1,153,900.00	2.37%	$1,153,900.00	22.05%
Regional Staff	$2,167,500.00	4.46%	$2,167,500.00	9.03%
St. Amant	$7,651,600.00	15.74%	$7,651,600.00	20.17%
M.D.C.	$1,527,200.00	3.14%	$1,527,200.00	2.63%
Divisional Administration		0.00%	$0.00	
Finance Administration	$808,900.00	1.66%	$808,900.00	
Departmental Administration	$304,300.00	0.63%	$304,300.00	
Administration Total:	$1,113,200.00	2.29%	$1,113,200.00	4.26%
5-1-F	$700,100.00	1.44%	$700,100.00	13.54%
PROVINCIAL TOTAL:	$47,175,400.00	97.05%	$47,175,400.00	13.16%
Federal Contribution To Native Age	$1,434,100.00	2.95%	$1,434,100.00	234.84%
GRAND TOTAL:	$48,609,500.00	100.00%	$48,609,500.00	15.42%

CATEGORY	1982/83	% OF TOTAL	1981 DOLLARS	% CHANGE
Child Maintenance	$29,831,300.00	49.36%	$27,418,474.26	12.65%
Service And Administration	$9,593,700.00	15.87%	$8,817,738.97	11.35%
Directorate	$735,500.00	1.22%	$676,011.03	11.89%
Seven Oaks	$1,602,600.00	2.65%	$1,472,977.94	27.65%
Regional Staff	$2,705,300.00	4.48%	$2,486,488.97	14.72%
St. Amant	$8,760,100.00	14.49%	$8,051,562.50	5.23%
M.D.C.	$1,588,900.00	2.63%	$1,460,386.03	-4.37%
Divisional Administration		0.00%	$0.00	
Finance Administration	$1,502,700.00	2.49%	$1,381,158.09	
Departmental Administration		0.00%	$0.00	
Administration Total:	$1,502,700.00	2.49%	$1,381,158.09	24.07%
5-1-F	$851,100.00	1.41%	$782,261.03	11.74%
PROVINCIAL TOTAL:	$57,171,200.00	94.59%	$52,547,058.82	11.39%
Federal Contribution To Native Agencies:	$3,267,500.00	5.41%	$3,003,216.91	109.41%
GRAND TOTAL:	$60,438,700.00	100.00%	$55,550,275.74	14.28%

CATEGORY	1983/84	% OF TOTAL	1981 DOLLARS	% CHANGE
Child Maintenance	$29,427,100.00	43.40%	$25,346,339.36	-7.56%
Service And Administration	$11,859,900.00	17.49%	$10,215,245.48	15.85%
Directorate	$1,048,800.00	1.55%	$903,359.17	33.63%
Seven Oaks	$1,601,000.00	2.36%	$1,378,983.63	-6.38%
Regional Staff	$2,794,600.00	4.12%	$2,407,062.88	-3.19%
St. Amant	$9,887,700.00	14.58%	$8,516,537.47	5.77%
M.D.C.	$1,055,700.00	1.56%	$909,302.33	-37.74%
Divisional Administration		0.00%	$0.00	
Finance Administration	$1,257,200.00	1.85%	$1,082,859.60	
Departmental Administration		0.00%	$0.00	
Administration Total:	$1,257,200.00	1.85%	$1,082,859.60	-21.60%
5-1-F	$973,900.00	1.44%	$838,845.82	7.23%
PROVINCIAL TOTAL:	$59,905,900.00	88.35%	$51,598,535.75	-1.81%
Federal Contribution To Native Agencies:	$7,898,400.00	11.65%	$6,803,100.78	126.53%
GRAND TOTAL:	$67,804,300.00	100.00%	$58,401,636.52	5.13%

CATEGORY	1984/85	% OF TOTAL	1981 DOLLARS	% CHANGE
Child Maintenance	$28,942,300.00	39.73%	$24,058,437.24	-5.08%
Service And Administration	$13,054,500.00	17.92%	$10,851,620.95	6.23%
Directorate	$1,488,600.00	2.04%	$1,237,406.48	36.98%
Seven Oaks	$1,479,000.00	2.03%	$1,229,426.43	-10.85%
Regional Staff	$2,848,900.00	3.91%	$2,368,162.93	-1.62%
St. Amant	$10,362,600.00	14.22%	$8,613,965.09	1.14%
M.D.C.	$936,400.00	1.29%	$778,387.36	-14.40%
Divisional Administration	$142,700.00	0.20%	$118,620.12	
Finance Administration	$1,377,500.00	1.89%	$1,145,054.03	
Departmental Administration		0.00%	$0.00	
Administration Total:	$1,520,200.00	2.09%	$1,263,674.15	16.70%
5-1-F	$1,064,000.00	1.46%	$884,455.53	5.44%
PROVINCIAL TOTAL:	$61,696,500.00	84.69%	$51,285,536.16	-0.61%
Federal Contribution To Native Agencies:	$11,152,300.00	15.31%	$9,270,407.32	36.27%
GRAND TOTAL:	$72,848,800.00	100.00%	$60,555,943.47	3.69%

CATEGORY	1985/86	% OF TOTAL	1981 DOLLARS	% CHANGE
Child Maintenance	$28,419,500.00	37.17%	$22,681,165.20	-5.72%
Service And Administration	$18,518,400.00	24.22%	$14,779,249.80	36.19%
Directorate	$1,337,900.00	1.75%	$1,067,757.38	-13.71%
Seven Oaks	$1,768,200.00	2.31%	$1,411,173.18	14.78%
Regional Staff	$2,156,200.00	2.82%	$1,720,830.01	-27.33%
St. Amant	$10,391,900.00	13.59%	$8,293,615.32	-3.72%
M.D.C.	$715,100.00	0.94%	$570,710.30	-26.68%
Divisional Administration	$226,100.00	0.30%	$180,446.93	
Finance Administration	$1,500,800.00	1.96%	$1,197,765.36	
Departmental Administration		0.00%	$0.00	
Administration Total:	$1,726,900.00	2.26%	$1,378,212.29	9.06%
5-1-F	$947,300.00	1.24%	$756,025.54	-14.52%
PROVINCIAL TOTAL:	$65,981,400.00	86.29%	$52,658,739.03	2.68%
Federal Contribution To Native Agencies:	$10,480,700.00	13.71%	$8,364,485.24	-9.77%
GRAND TOTAL:	$76,462,100.00	100.00%	$61,023,224.26	0.77%

CATEGORY	1986/87	% OF TOTAL	1981 DOLLARS	% CHANGE
Child Maintenance	$29,321,300.00	35.60%	$22,399,770.82	-1.24%
Service And Administration	$20,827,900.00	25.29%	$15,911,306.34	7.66%
Directorate	$2,187,900.00	2.66%	$1,671,428.57	56.54%
Seven Oaks	$2,015,000.00	2.45%	$1,539,343.01	9.08%
Regional Staff	$2,285,400.00	2.78%	$1,745,912.91	1.46%
St. Amant	$10,658,500.00	12.94%	$8,142,475.17	-1.82%
M.D.C.	$486,100.00	0.59%	$371,352.18	-34.93%
Divisional Administration	$226,100.00	0.27%	$172,727.27	
Finance Administration	$1,590,900.00	1.93%	$1,215,355.23	
Departmental Administration		0.00%	$0.00	
Administration Total:	$1,817,000.00	2.21%	$1,388,082.51	0.72%
5-1-F	$871,300.00	1.06%	$665,622.61	-11.96%
PROVINCIAL TOTAL:	$70,470,400.00	85.57%	$53,835,294.12	2.23%
Federal Contribution To Native Agencies:	$11,883,100.00	14.43%	$9,077,998.47	8.53%
GRAND TOTAL:	$82,353,500.00	100.00%	$62,913,292.59	3.10%

DEFINITIONS*

The following are operational definitions for the funding lines indicated in the expenditure tables:

Child Maintenance provides, under the Child and Family Services Act funding for children in care away from their families, or supports to families experiencing parenting problems. Included in child maintenance are:

- regular and special rate foster care
- residential care (group homes and institutions)
- family support services (homemakers and parent aides)

Funding is provided to 18 child caring agencies (including 5 regional offices, 8 Child and Family Services Agencies, 5 Native Child and Family Services Agencies), 40 group homes and 5 child care institutions.

Service and Administration grants provide:

- salary and operating (rent, travel, stationery, etc.) funds to Child and Family Services Agencies and institutions;
- community outreach grants (salaries for workers to provide preventive services);
- general purpose grants (in support of continued functioning of Rossbrook House, Manitoba Metis

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*as provided by the Child and Family Services Division, Manitoba Community Services

Federation, Native Women's Transition Centre, Winnipeg Receiving Resources, Young Parents Community Centre, Foster Parents Association, Jewish Child and Family Services, Ma Mawi Wi Chi Itata and Health Sciences Centre for the Child Protection Centre);

- fees for Native Agencies to supervise Native children apprehended off-reserve but placed into care on-reserve; and
- Big Brothers and Big Sisters organizations.

Directorate is the central head office function of the Child and Family Support Program. The Directorate provides policy, program and operational support to external agencies and regional offices. In 1986/87 there were 58 staff years in the Directorate, as follows:

Director	1
Deputy Director	1
Agency Support Coordinators	10
Placement Resource Coordinators	3
Agency Coordinators	3
Admin/Clerical	21
Field Staff (Agency secondments)	12
Program Analyst	1
Term	6
	58 SY

Seven Oaks Centre is a 45 bed residential institution operated by Manitoba Community Services, which is designated as a place of safety under the Child and Family Services Act. Costs include both salaries for shift staff and operating costs for the building.

Regional Staff refers to Child and Family Services workers employed by the Department of Community Services and placed in 5 regions. These staff deliver child and family support services in areas of the province in which mandated non-governmental agencies do not exist. These staff provide the same range of services as social workers in non-governmental Child and Family Services Agencies. In the Department of Community Services all regional staff, with the exception of probation workers, are administered through the regional budgets within the Community Social Services Division. In 1985/86 there were 64 regional Child and Family Services workers.

St. Amant Centre is a residential total care institution for children with mental and physical disabilities. There were approximately 200 children and 70 adults in St. Amant Centre in 1985/86. Many of the children are in the care of Child and Family Services Agencies or the Director of Child and Family Support.

Manitoba Developmental Centre is a residential total care institution for adults and children with mental and physical disabilities. In 1985/86, there were 27 children (as of December 31, 1985) in the Manitoba Developmental Centre. This represents 3.6% of the residential population at that time. The total 1985/86 Manitoba Developmental Centre budget is therefore prorated to determine the children's portion.

Divisional Administration is the office of the Assistant Deputy Minister of Child and Family Services. Divisional Administration, in addition to the A.D.M., was supported by 3 program analysts and 2 clerical staff in 1985/86. The amount attributed to Children's Services is based on the proportion of Children's Services expenditures to the Child and Family Services divisional budget. (Wife abuse, family mediation and women's resources are excluded.)

Finance Administration includes the financial, accounting and bookkeeping functions of the Department of Community Services. A portion of these costs were allocated to Children's Services based on the proporation [sic] of Child and Family Services divisional expenditures (except for wife abuse, family mediation and women's resource centres) to departmental expenditures.

Department Administration includes salaries and operating for the Minister and Deputy Minister of Community Services and their clerical support staff. Beginning in 1983/84 these costs were combined with the Finance Administration costs. A portion of departmental administration costs was identified by prorating Children's Services expenditures to departmental expenditures.

5-1-F is a category of social assistance provided by the Department of Employment Services and Economic Security to children who are in the care of relatives who are unable to afford basic necessities for the children. The term "5-1-F" is used to describe this assistance since that is the clause of the Social Allowances Act under which it is authorized.

Native Agencies are the mandated Native Child and Family Services Agencies in the Province of Manitoba. Funding for these agencies, with the exception of Native agency supervision fees in Child Maintenance, is provided in full by the federal government.

SECTION VI

PLACEMENT RESOURCES

When a child comes into care, there are, theoretically, a number of options available for placement. These range from the most "normalizing" to institutionalization, from economical to very expensive, from close proximity to family to a distant location.

Should a child be at risk in a family because of a crisis, the most normalizing Child and Family Services Agency response is to support the family and stabilize the home situation. This can be accomplished through placing a parent aide or homemaker in the home for a specified period with counselling support from the social worker.

Payment for homemaker and parent aides is effected via a support services grant specifically for this purpose. The grant is a fixed amount; when it is exhausted, Agencies have a choice of running a deficit or cutting back the support service. A third alternative - placing the child under apprehension and billing the supports to the child maintenance portion of the budget is possible but not widely practiced. Generally, the in-home supports are designed to keep children out of care.

The decision to remove a child from their family for placement elsewhere presumes the availability and suitability of a resource. At this point, services can be categorized as either "emergency" or "longer term". Emergency resources include: foster homes, special rated for emergency use; extended family or friends approved as child-specific foster homes and paid either regular or special rates; receiving resources, including Winnipeg Receiving Resources Incorporated or the Seven Oaks Youth Centre; and the use of more ad hoc measures, such as motels with homemakers or drop-in centres like Rossbrook House.

Longer term resources include: regular and special rated foster homes; regular or special rated child-specific approved homes (extended family placements); professional parents and proctors; level II and III group homes; and level IV institutions.

Diagram V (page 128) examines in more detail the process by which an abused child may be placed away from the family of origin into a substitute residential care setting. In extreme risk situations, the child will be apprehended immediately and placed in an emergency receiving facility. This is usually into one of the emergency group homes operated by Winnipeg Receiving Resources (50 beds), into Seven Oaks (a large locked facility with a capacity of 50 beds) or into an emergency foster home setting. When the availability of resources is so limited that none of these three types of emergency placements can be utilized, the Agency will place the child into an ad hoc emergency setting. This is usually a rented room with a homemaker also provided. The child will generally remain in an emergency receiving facility until longer term accommodation is available or arrangements can be made with the family for the child to be returned home.

In cases where the risk to the child is not so extreme, the child may be left in the family while the worker locates an alternate residence.

In either situation, placement of the abused child can be pursued in one of several ways.

The legal guardians may agree to a placement for the child. This can be done through a voluntary placement agreement or through a voluntary surrender of guardianship. Both can be approved by the agreement between the Agency and the parents without any court proceedings required.

When a voluntary placement agreement is signed the child will be placed in substitute residential care. These agreements cannot exceed a total of 18 months and may be terminated by the Agency or the guardian at any time. When the agreement has lapsed or has been terminated, the child must be returned home. The Agency may renew the voluntary placement agreement, pursue voluntary surrender of guardianship or take the case to Family Court. When a voluntary surrender of guardianship is signed, the legal guardian has seven days to terminate the agreement. After seven days the child will be a permanent ward of the Agency or Director. Voluntary surrenders of guardianship are typically used by mothers relinquishing new born infants who are then placed for adoption.

A court process is required to obtain a permanent order of guardianship, an order of supervision or a temporary order of guardianship. Under a temporary order, the length of the guardianship is specified in the Child and Family Services Act. For a child under five years of age, initial guardianship cannot exceed 6 months and can be extended a further 9 months; for a child between 5 and 12 years, initial guardianship cannot exceed 12 months and can be renewed for a further 12 months, and for a child over 12 years, initial guardianship cannot exceed 24 months but can be renewed to 24 month maximums until the child turns eighteen. If the court process is successful and a permanent or temporary order is received, the child will be placed into substitute residential care. Under the third option, order of supervision, the child cannot be removed from the family unit. If the court process is not successful, the child may be returned home. In either case, there may be appeals and further court proceedings.

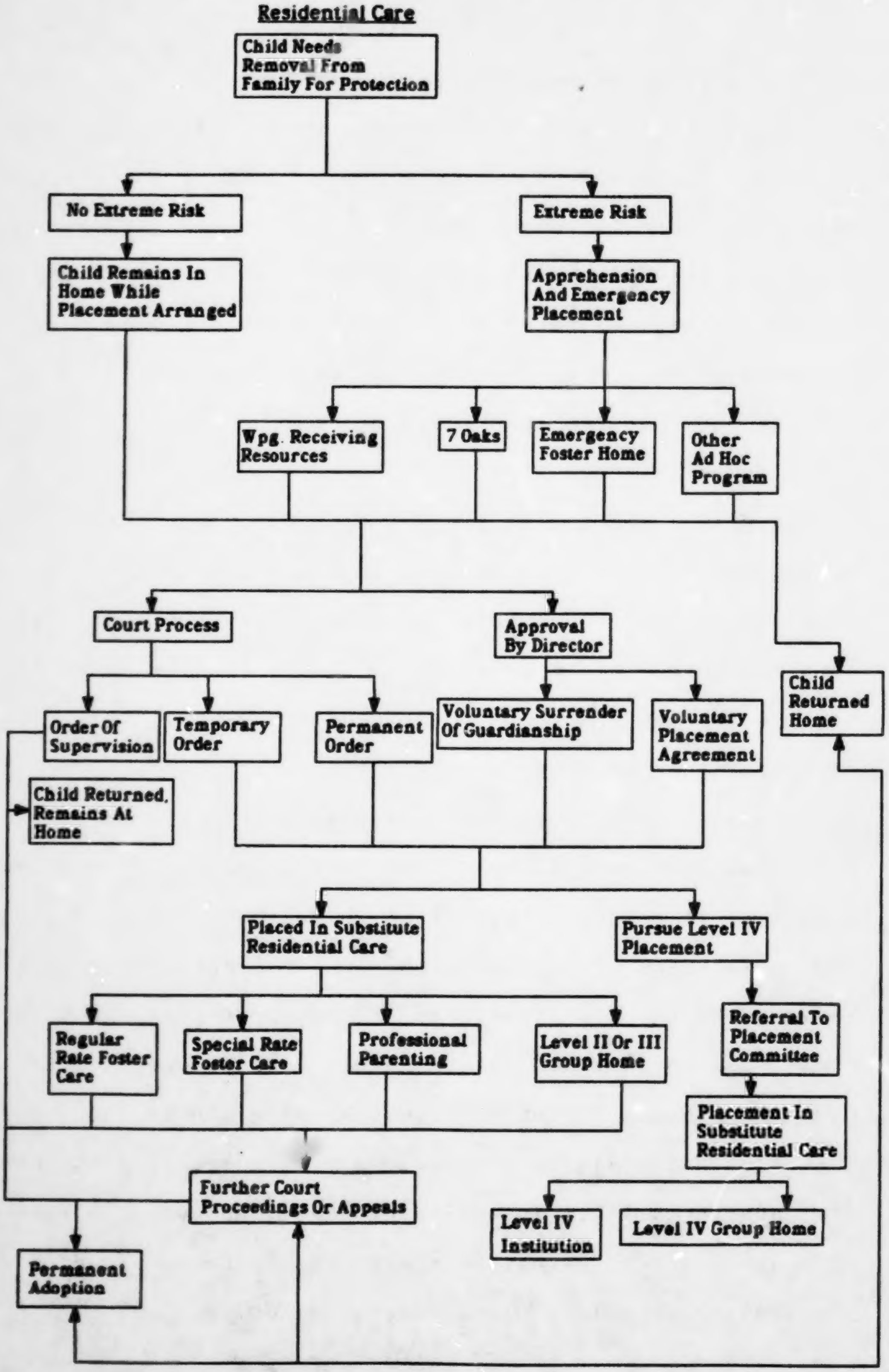
When a child is to be removed from the family, the Agency has a number of options that can be used. The Agency may utilize a regular foster home where the host caregivers are paid a per diem that can range from $8.37 to $14.29 per day per child. If the child's needs cannot be met in a regular rate foster home, the Agency may place the child into a special needs foster home. In this type of arrangement, the Agency will secure special funding above the regular foster rate, the amount of which depends on the assessed needs of the child in care. A per diem rate of up to $30.00 a day must be approved by the Executive Director of the Child and Family Services Agency, a rate in excess of $30.00 a day must be approved by the Director of Child and Family Services (between $30.01 and $50.00), or the Minister of Community Services (over $50.00 per day).

A relatively new option in the child and family services system is the professional parent. In this type of arrangement the Agency recruits qualified child care workers to serve as on-site professional caregivers. The sole source of income for these professional parents is derived from per diem payments that are generally in the plus $50.00 a day range. The process for approval of rates is identical to that described for a special needs foster placement.

The Agency may also place the child into a shift-staffed group home setting. A referral to a level II and level III group home can be made on approval of the Executive Director of the Agency. Entry into a level IV facility, however, must be approved by the Placement Committee. This Committee is chaired by a staff person from the Child and Family Support Branch. The chairperson can approve an application without a meeting of the full committee when he or she is of the opinion that a level IV placement is appropriate. If there is some concern regarding the appropriateness of the proposed plan, the application will be reviewed by the full committee. When approval is granted, the child will be admitted into a level IV space operated by Children's Home of Winnipeg Inc., Knowles Centre Inc., Marymound School or MacDonald Youth Services or a level IV group home.

When a child is in substitute care, an Agency worker may also arrange for in-residence supports to be provided or for a referral to a collateral treatment agency.

Diagram V: CFS Agency Response: Placement in Substitute Residential Care


Residential Care
Child Needs Removal From Family For Protection
No Extreme Risk
Extreme Risk
Child Remains In Home While Placement Arranged
Apprehension And Emergency Placement
Wpg. Receiving Resources
7 Oaks
Emergency Foster Home
Other Ad Hoc Program
Court Process
Approval By Director
Child Returned Home
Order Of Supervision
Temporary Order
Permanent Order
Voluntary Surrender Of Guardianship
Voluntary Placement Agreement
Child Returned, Remains At Home
Placed In Substitute Residential Care
Pursue Level IV Placement
Regular Rate Foster Care
Special Rate Foster Care
Professional Parenting
Level II Or III Group Home
Referral To Placement Committee
Placement In Substitute Residential Care
Further Court Proceedings Or Appeals
Level IV Institution
Level IV Group Home
Permanent Adoption

At any point in this process, as with the Police and Medical Child Abuse Unit, the case may be referred to the Physical or Sexual Abuse Committee for consultation.

Receiving Resources

The Children's Aid of Winnipeg operated receiving resources until regionalization. Its receiving homes were primarily available to adolescents, although at least two homes were available to children under the age of twelve. Currently, emergency receiving resources are provided to Child and Family Services Agencies by two organizations: Winnipeg Receiving Resources Incorporated (W.R.R.I.) and the Seven Oaks Youth Centre. Both are shift-staffed facilities; the former operating as a collection of group homes supposedly at "arms length" from government and the latter, as a locked institution of the Department of Community Services. Each provide residential care to children in crisis between the ages of twelve and eighteen and who have no alternate living arrangement. Receiving resources are always considered short-term and temporary placements until the child's immediate home situation stabilizes or until an Agency can make more long-term plans. They are placements of last resort.

Winnipeg Receiving Resources Incorporated

In 1985, as part of the regionalization process, Winnipeg Receiving Resources Incorporated was established to operate some of the receiving homes formerly run by the Children's Aid Society of Winnipeg. It is governed by a board of directors composed entirely of appointees from the Manitoba Civil Service. The six person board is an interim governing body with the mandate to operate emergency receiving resources in Winnipeg for a three year period. The original plan was for the civil service board to remain in existence until April, 1988 or until a comprehensive long-term plan was established. A recently created emergency services planning committee has explored a number of service options but, to date, has not submitted a proposed long-term plan.

Winnipeg Receiving Resources Incorporated currently operates six emergency receiving group homes for children between the ages of twelve and eighteen. A child under 12 can be accepted if requested by the Agency's Executive Director and approved by the Executive Director of W.R.R.I.

The six emergency homes are staffed by qualified child care workers, many of whom were formerly employed by the Children's Aid Society of Winnipeg. Each facility is staffed to allow for two staff on the day and evening shift, one staff on the overnight shift plus relief for sick days, vacation and statutory holidays. This equates to the equivalent of 8.4 EFT's per facility.

The emergency receiving homes are funded by a combination of annual grant and per diem payment for each bed space. The approved grant, approved per diem rate, and estimated revenue for each facility in 1986/87 is as follows:

AGENCY	PER DIEM RATE	ESTIMATED ANNUAL REVENUE FROM PER DIEM	ANNUAL GRANT	ESTIMATED TOTAL REVENUE 1986-1987	TOTAL COST PER BED SPACE
NORTHWEST (2 HOMES)	$43.40	$142,569.00	$154,185.00	$296,754.00	90.34
	$43.40	$142,569.00	$154,185.00	$296,754.00	90.34
CENTRAL (1 HOME)	$43.40	$126,728.00	$150,468.00	$277,196.00	94.93
SOUTH (3 HOMES)	$43.40	$126,728.00	$150,246.00	$276,974.00	94.85
	$43.40	$126,728.00	$154,185.00	$280,913.00	96.2
	$43.40	$126,728.00	$154,185.00	$280,913.00	96.2

Mean Basic Per Diem	$ 43.40
Mean Annual Per Diem Revenue	$132,008.00
Mean Annual Grant	$152,909.00
Mean Annual Revenue	$284,917.00
Mean Total Per Bed Cost	$ 93.97

Occupancy figures compiled for the period April 1, 1986 to September 30, 1986, show that on average, the six emergency homes operate at, or above licensed capacity.

REGION	OCCUPANCY RATE (April to September)
South (3 homes)	95.4%
	94.1%
	103.2%
Central (1 home)	92.5%
Northwest (2 homes)	106.8%
	106.7%
AVERAGE OCCUPANCY RATE:	99.8%

All six Child and Family Services Agencies place children in the emergency receiving homes, although utilization rates vary across Agencies. It is interesting to note that Northeast is the second most frequent user of receiving spaces despite not having an emergency home within the region. Utilization figures for the first six months of 1986/87 are presented below:

REGION	UTILIZATION OF EMERGENCY RECEIVING SPACES (April to September)
Northwest	28.0%
Northeast	20.5%
Central	17.5%
South	17.5%
West	9.0%
Eastern	4.5%
Other	3.0%
	100.0%

The future of W.R.R.I. is uncertain. It is directed by an interim board appointed by government and expectations are that the board will be dissolved in 1988. The child care staff of the Agency are members of the Canadian Union of Public Employees. These qualified workers are a valuable resource. Every effort should be made to find alternative employment for these staff within the child and family services system. Deployment should take place on the basis of seniority within the spirit of the collective agreement.

At the writing of this report, government has yet to make a decision on the future of W.R.R.I.

Seven Oaks Youth Centre

Seven Oaks was initially built as a facility for female juvenile offenders. Originally the "Home for Girls", it was a holding facility for girls awaiting court disposition and, in special circumstances, child welfare placement. Its role changed to that of a co-ed receiving facility for the child and family services system in 1979. Seven Oaks operates under auspices of the Department of Community Services providing emergency placement resources primarily to adolescents although children under 12 may be admitted upon the request of an Agency's Executive Director. It is available to all Child and Family Services Agencies in Manitoba.

The Centre is shift-staffed by qualified child care workers who are public servants. There are 71 EFT's in total at this facility, of which 51 can be considered as responsible for child care. Staff are deployed per shift in the following numbers, based upon a cottage population of 15 or fewer children:

SHIFT HOURS	EFT'S
7:00 - 3:00	2
3:00 - 11:00	3
11:00 - 7:00	2

Seven Oaks is funded directly by government through a combination of operating and staffing budgets. Because the Centre functions under "rated" capacity rather than "licensed" capacity, average daily populations have fluctuated above and below the rated occupancy level (45 children) over time. Per diems are not a factor, therefore, in the financing of this facility, but can be calculated and serve as a comparison to W.R.R.I. The following table is an illustration of average daily occupancy, operating and staffing budgets, and calculated per diem for fiscal years beginning 1980/81:

	AVERAGE DAILY OCCUPANCY	OPERATING BUDGET	STAFFING BUDGET	TOTAL	PER DIEM
1980/1	38.6	$122,300	$639,400	$761,700	54.04
1981/2	41.6	$131,000	$864,400	$995,400	65.56
1982/3	54.9	$277,900	$986,900	$1,264,800	63.19
1983/4	40.9	$287,200	$1,380,700	$1,667,900	111.72
1984/5	33.3	$300,900	$1,361,700	$1,662,600	136.79
1985/6	50.5	$277,500	$1,007,000	$1,284,500	69.69
1986/7 *	52.3	$277,500	$1,193,300	$1,470,800	77.05

* (PROJECTION BASED UPON 1ST. QUARTER FIGURES)

The Child and Family Support Branch has moved to limit average daily capacity to fifty. Given the projected operating and staffing costs in this fiscal year, the calculated per diem would be $80.59.

Since regionalization, average daily populations have exceeded the rated capacity. The utilization rate of Seven Oaks "beds" by Winnipeg Child and Family Services Agencies for the 1985/86 fiscal year is presented as follows:

REGION	**RATE**
Northwest	25.2%
Central	19.0%
Eastern	11.2%
Northeast	10.8%
South	8.9%
West	4.9%
Other*	20.0%

*Rural, Northern and Jewish Child and Family Services Agencies.

Recently, the Child and Family Support Branch has proceeded to control the utilization rates of Agencies. Capacity has been set at 50 and a quota system has been instituted. Beds have been allocated as follows:

Northwest	11
Central	9
Northeast	5
Eastern	5
South	4
West	2
All rural Agencies	6
All Native Agencies	5
Police emergency	3
	50

Should an Agency meet its quota but still require an emergency placement, its Executive Director, presumably, would have to negotiate with other Executive Directors for access to a vacant bed. Quotas appear to have been determined by previous utilization rates of Agencies.

Although Seven Oaks and W.R.R.I. are similar in terms of role within the child and family services system and qualifications of full-time staff, there are several important differences. Seven Oaks is a secure facility - a legacy from its correctional facility days. The locks on the doors and chain link fence bear little relationship to the type of child being held. There are, for the most part, few qualitative differences between adolescents "housed" by W.R.R.I. and those "held" at Seven Oaks.

Whereas W.R.R.I. has its homes in three Agency catchment areas, the Seven Oaks complex is located within the geographic areas of Northwest Child and Family Services Agency, near the Perimeter Highway. Accessibility for some Agency staff and families of children in care can be problematic.

Because Seven Oaks is an institution, bed capacity has been more readily exceeded than possible under W.R.R.I.'s licensed group home structure. Daily occupancy levels have risen from the low 30's in the year prior to regionalization to the low 50's thereafter. Part of this increase can be attributed to the loss of some receiving homes to the system run by the Children's Aid Society of Winnipeg.

One further distinction between W.R.R.I. and Seven Oaks relates to economies of scale. Since Seven Oaks is able to handle more children under one roof, it can benefit from certain economies related to size. Its per diem is lower than that of W.R.R.I.

The government's philosophy toward receiving resources is not clearly stated. However, there are indications of a move away from heavy reliance on all shift-staffed facilities. A net reduction in all shift-staffed beds has been ongoing since the early 1980's and can be expected to continue in the future if the present pattern is continued. This direction is consistent with the philosophy of normalization.

The need to increase the availability of emergency placements is one issue raised frequently by line workers in the child and family services system. The crisis nature of child welfare work often requires that an abused child be removed immediately from his or her family. When an emergency group home space is not available to accommodate this child, the line worker has few alternate options. The child can be returned to a potentially explosive home environment, referred to a crisis centre (e.g., Rossbrook House, Jessie House), placed into a secure custody setting, left in the care of a friend or neighbour or put into an expensive ad hoc placement (e.g., motel with a homemaker). These options are clearly less desirable than placement in a regionally based emergency receiving resource.

Occupancy rates in the six emergency receiving homes support the claim that more are needed. The average 100% occupancy rate (in excess of 100% in three homes) is even more remarkable when considering the usual amount of "process" downtime associated with resident turnover. Each available space is filled almost immediately after becoming vacant. It is not uncommon for Agencies to keep waiting lists of children in tenuous surroundings who require placement in a receiving facility.

It is a difficult task to determine the exact number of new emergency receiving spaces required. The Review Team is not aware of any reliable estimate of what the optimal ratio of emergency resources to children in care should be. In addition, the actual number of children in need of this type of resource at any given point in time is not known. For example, there are no data on the number of abused children who were placed in motels, left at home or left with friends when an emergency group home space was not available. This is further complicated by the unpredictable nature of the child and family services field. Arriving at an accurate estimate on the number of children expected to come into care is very difficult due to the number of influential factors involved. Economic conditions, societal attitudes, welfare policies, prevention programs, service philosophy and available resources are only a few of the factors that have an effect on the number of children who will come into care.

Despite the lack of statistical information and the fluctuating nature of child and family services problems, there is little question that the system of receiving resources is unable to meet the current demand for emergency placements. At minimum, there should be a 40% increase in the number of available non-institutional emergency beds in Winnipeg during 1987/88. This will relieve some of the existing pressures in the system and reduce the number of abused children being left in risky or suspect conditions.

RECOMMENDATION: **THAT THERE BE A 40 PERCENT INCREASE (20 BEDS) IN THE NUMBER OF BEDS AVAILABLE FOR EMERGENCY PLACEMENT IN WINNIPEG DURING 1987/88.**

A second issue relates to the reciprocal distribution of receiving resources. Currently there are emergency group homes located in only three of the six Winnipeg regions. When workers in the other three regions need to gain access to an emergency group home space, the child in need of protection must be removed from the community and placed into a residence in a new and unfamiliar part of the city. The child is uprooted from his or her home community, forced to change schools and separated from familiar peers, friends and other members of his or her personal support network. The physical separation from family and community is a traumatic, anxiety-inducing experience that the child is expected to deal with in isolation from natural support systems. It is not surprising that a child can feel doubly punished for disclosing an abusive incident.

RECOMMENDATION: THAT THE DEVELOPMENT OF NEW RECEIVING RESOURCES BE CONCENTRATED IN THOSE REGIONS THAT DO NOT HAVE THIS TYPE OF RESOURCE AVAILABLE WITHIN THEIR BOUNDARIES.

The size and type of emergency receiving facilities is also a concern in the service system. The government has officially endorsed a policy of caring for abused children in as normalized a setting as possible. This principle is espoused in the new Child and Family Services Act. Community Services has also intentionally downsized the number of large shift-staffed facilities in the service system. The approach to operating emergency receiving resources seems to contradict the prevailing philosophy and preferred service orientation. The majority of emergency facilities for children over the age of 12 remains relatively large (8 or 9 bed) shift-staffed group homes.

The system has successfully made the transition from large to small in providing emergency receiving facilities for children under the age of 12 years. There is no reason to believe a similar shift cannot be achieved for children over the age of 12 in need of emergency protection. Foster parents and professional parenting programs are less expensive and provide a much more normalized setting than do 8 or 9 bed group homes.

RECOMMENDATION: **THAT THE EMPHASIS FOR FUTURE DEVELOPMENT OF EMERGENCY RECEIVING RESOURCES FOR CHILDREN OVER THE AGE OF 12 YEARS BE ON FACILITIES WITH FOUR OR FEWER BED SPACES.**

There needs to be some decision made regarding the administration of emergency receiving facilities in Winnipeg. Currently there is a division between three responsibility centres. The Agencies provide emergency spaces for children under the age of 12 years; Winnipeg Receiving Resources Incorporated operates emergency receiving facilities for children age 12 and over, and Seven Oaks serves as a safety valve for both systems. This is one area where the regional Child and Family Services Agencies do not have sufficient control over resources. Senior managers, supervisors and line staff in these Agencies who have contact with child and family services problems on a daily basis are the best source in the system to identify regional needs and design appropriate services. The capacity for the Agencies to do this is severely inhibited when control of resources is external to their decision-making processes. The development and efficient operation of receiving resources that can be adapted to meet changing regional needs is highly dependent on the individual Agencies having the discretion and authority to allocate resources as they see fit.

RECOMMENDATION: THAT FUNDING CURRENTLY PROVIDED TO WINNIPEG RECEIVING RESOURCES INCORPORATED BE DISTRIBUTED AMONG THE SIX REGIONAL CHILD AND FAMILY SERVICES AGENCIES.

With reference to both the intent of normalization and the principles of the Child and Family Services Act, Seven Oaks is an anomaly in the system. Furthermore, its operation as a locked holding facility for children who have not been charged with criminal offenses under the Young Offenders Act raises serious human rights concerns. There is no evidence to dispute the claim that most children held at Seven Oaks could be held in smaller, non-secure receiving facilities. The small number of children who are sufficiently a threat to the safety of themselves or others may very well require a secure receiving facility. A downsized Seven Oaks could fulfill this specific role.

It is also clear that present efforts to deal with overcrowding at Seven Oaks by setting capacity at 50 and instituting quotas are ill-conceived. The reduction is incremental and sustains capacity beyond the centre's rated maximum of 45. Whether the intent is to reduce overall utilization of Seven Oaks or its utilization by certain Agencies is not readily apparent. Quotas appear to have been set on the basis of Agency consumption patterns. However, because the new quota system forces consultation, negotiation and coordination for beds by Executive Directors across the Province, it has the potential of elevating conflict and instituting inefficiencies. A planned reduction in capacity is a positive step to reducing overcrowding, but it should be pursued without the use of quotas.

RECOMMENDATION: **THAT THE PROVINCE INSTITUTE A PHASED-IN DOWNSIZING OF THE SEVEN OAKS YOUTH CENTRE WITH THE RESULTANT COST SAVINGS BEING REALLOCATED TO THE SIX REGIONAL CHILD AND FAMILY SERVICES AGENCIES TO FUND EMERGENCY RECEIVING RESOURCES.**

The reallocation of receiving resources to the six Agencies should occur no later than April 1, 1988. The actual division of resources and specific service configuration can be determined at the Emergency Services Planning Committee already in existence.

With global control of the resource base, the Agencies can develop an adequate regionally based system of emergency receiving resources. This can be done by operating facilities internally, purchasing service from a centralized structure such as Winnipeg Receiving Resources Incorporated and/or by purchasing service from some other providers.

Foster Parents

Child and Family Services Agencies and the Child and Family Support Branch recognize the importance of foster homes. However, there are several important issues regarding foster homes which must be addressed to prevent the erosion of this valuable resource. These include the current difference between foster homes and extended family homes, support, training, fear of unfounded abuse allegations, and the adequacy of foster home rates.

The issue of equity is an important one in the provision of foster care services. Current practice regards foster home licensing much differently from extended family approval, yet both types of homes provide similar services. This appears to stem from the assumption that "family can care for family" and, therefore, they require less rigorous study, approval and monitoring. However, the assumption of "parenting competence" upon the basis of bloodline may have dire consequences for a child placed in a home which has been evaluated with reference to such beliefs.

To become foster parents, a family must apply to a Child and Family Services Agency. Variations exist across Agencies, but generally, the licensing process is as follows:

1) Application.
2) Reference, Child Abuse Registry and criminal record checks.
3) Written home study according to Agency Guidelines.

4) Licensing.

5) Orientation of new foster parents.

Children cannot be placed in an unlicensed foster home.

In an extended family placement, the impetus is often reversed. The Agency frequently canvasses relatives to determine their interest in caring for "one of their own". If the child comes into care as a result of a crisis, time may be of the essence. Formal application and a written home study are set aside - the social worker determines suitability by interviewing the family and observing the qualities of their home. The Child Abuse Registry and criminal record checks are undertaken but, in some Agencies, at the social worker's discretion. A home study may eventually be completed, but usually after the placement has occurred, and is less rigorous than a foster home study. The Agency issues a Letter of Approval which, in effect "licenses" the relative's home for that specific child. Foster home rates can then be paid as of the date of formal approval, or retroactively to the date of placement. This process assures that at least initially, children are being placed in non-approved homes.

In order to provide effective services to families and children, a Child and Family Services Agency must develop a strong foster home program. Generally, Agencies try to take time and care in the recruitment, selection, assessment and orientation of their foster parents. Skilled foster parents are knowledgeable about stages of, and issues related to, child development, are willing to work cooperatively with the Agency, and welcome opportunities for training and support. Where possible, Agencies endeavour to match children with the most appropriate foster home resource. Agencies generally adhere to standards and rates of pay set down in a foster home manual complied by the Child and Family Support Branch.

However, because the need for foster care exceeds the current supply of homes, the system is forced to use procedures and placements which are less than ideal. A thorough home study demands time, with some Agencies estimating ten to twelve hours as a minimal requirement. Since social workers often do not have this amount of time available, home studies are contracted out (in Central and South) or in some cases, "short form" assessments are followed (Northwest). A combination of desperation and workload can impinge upon adequate assessments.

If an Agency does not have a foster home resource within its boundaries, it must look to other regions for that resource. This requires a coordination effort with the region in which the resource is available, an assumption that the home has been thoroughly and accurately assessed prior to licensing and time and travel demands for the placing social worker. Similarly, the recipient Agency assumes that the child has been adequately assessed and his/her needs accurately presented. While the placing Agency assumes responsibility for the child, the recipient Agency provides support to the foster home.

According to the Manitoba Foster Parents' Association, matching is becoming more difficult. Appropriate matching is crucial to the well-being of the child and the family in which that child is placed. Inappropriate matching increases placement breakdown and can elevate the risk of abuse through parental frustration.

Support is also critical to foster homes. An Agency which does not know its foster homes well; does not provide regularized, consultative support; and does not make training opportunities available beyond orientation and may be placing a child at risk. At present, the system does not treat foster parents as colleagues. Social workers may not visit their foster homes for weeks and, periodically, months at a time; valuable case information may not be shared; and the foster parents observations and assessments of a child's development may not be acknowledged.

Perhaps most important, is the fact that the children who come into care are increasingly complex and problem-ridden. In particular, children in care because of sexual abuse require more than a place of safety and a nurturing family. They present both short and long-term treatment needs which a foster home, alone, may be ill-equipped to provide.

The Manitoba Foster Parents' Association also notes that sexually abused children may attempt to recreate situations in homes where they are placed because of adaptive responses learned through their abuse. Foster mothers are becoming more reluctant to care for sexually abused female children for fear of risking abuse allegations against their husbands or teenage sons. Should an abuse allegation in a foster home surface, the Agency is in an immediate conflict of interest. It must investigate the home while at the same time "support" the foster parents.

These issues apply to extended family placements as well but can be exacerbated by the special dynamics of such placements. There is no guarantee that some or all of the presenting problems of the birth family will not be found in the extended family. Relatives approved to care for a child very quickly lose their privacy, are subject to scrutiny, not only from the placing Agency, but collateral Agencies who may be dealing with the child and may resist and resent this intrusion. In addition, extended family may have difficulty responding to the demands and, possibly, intrigues of the birth family. They require Agency support to cope with these situations.

RECOMMENDATION: THAT CHILD AND FAMILY SERVICES AGENCIES FORMALLY LICENSE EVERY HOME FOR CHILDREN IN CARE.

RECOMMENDATION: THAT FOSTER HOMES AND EXTENDED FAMILY HOMES UNDERGO IDENTICAL ASSESSMENT PROCEDURES FOR THE PURPOSES OF LICENSING.

RECOMMENDATION: **THAT SOCIAL WORKERS PLACE CHILDREN ONLY IN HOMES WHICH HAVE BEEN LICENSED BY A CHILD AND FAMILY SERVICES AGENCY.**

RECOMMENDATION: **THAT ALL CHILD AND FAMILY SERVICES AGENCIES PROVIDE REGULAR, CONSULTATIVE SUPPORT TO FOSTER PARENTS.**

The Review Team is aware that some children who are in the care of an Agency may be returned to their natural families for brief or extended periods. These recommendations apply only to placements away from parents or guardians.

Group Homes

Group homes are shift-staffed residences which are licensed to accommodate from six to eight children although special licensing can be obtained to exceed this number in certain circumstances. They are categorized on the basis of a level system. A level II group home would accept children presenting situational problems, typically because of factors beyond their control (neglect, abandonment, parental inability to function) as well as minor behavioral, emotional and interpersonal problems. The group homes' program orientation would develop or enhance "family routine". House parents and support staff would consciously involve children in activities geared to enhance learning, socialization and work or activity skills.

A level III group home would accept children with moderate behavioral, emotional and interpersonal problems, in addition to situational difficulties. Level III children would differ from level II on the basis of degree and type of problems presented. Their behaviour and personal conflicts would demand more tolerance, understanding and control than could be handled in a family setting. Program orientation would focus upon socialization and would be activity intensive to enhance social and interpersonal awareness.

Agencies are responsible for determining the appropriate level for a child being referred for group home placement. The group home determines whether the child's level is consistent with the placement documentation and whether the child's needs can be met in their particular program. The group home is then responsible for submitting billings to the Child and Family Support Branch which must be authorized by the Minister of Community Services. Group home per diems range from $69.91 to $70.56 (level II) and from $77.67 to $90.13 (level III), with the exception of Marymound level III group homes, which are funded on the basis of grant plus per diem ranging from $120.71 to $121.88.

During the 1985-86 fiscal year, level II group home funded occupancy averaged 90.4%, of which the Province funded 77.5%, and level III funded occupancy, 94.8%, of which the Province funded 89%. Overall, level II group homes had an 11.2% absentee rate in 1985-86 and level III homes had a 15.1% absentee rate. Because beds can be held during absences, the group home can be technically full. Absences are recorded separately. Occupancy plus absenteeism is not intended to total 100%. Absence without leave (a.w.o.l.) was less problematic in level II group homes - in the first three months of 1986, 92 or 19% of 488 total days absent were the result of children being a.w.o.l. However, in level III group homes, 707 or 36% of 1960 total days absent were due to children being a.w.o.l. Authorized absence included home visits, independent living arrangements, hospitalization, placement at Seven Oaks or detention at the Manitoba Youth Centre.

Whether authorized or not, group home operators are allowed to bill for the first 10 days of absence automatically. The Child and Family Support Branch must approve payment for beds held beyond the 10 day limit.

Support Branch statistics reveal that level II beds peaked in 1981 at 206, declined to 60 by the end of 1986, and currently number 48. Level III beds peaked in 1980 when there were 189, declined to 140 by the end of 1986, and presently number 141. Reductions were primarily achieved through a change in the manner of funding group homes - a move away from funding based upon capacity to funding based upon occupancy. More stringent licensing criteria also resulted in some closures.

There are also a small number of level IV group homes in the province. Unlike lower level group homes, Agencies do not have direct access to these beds and must follow a referral and approval process similar to that for institutions. Level IV group homes offer individualized programming for children with more severe emotional, behavioral and medical needs. Per diem rates range from $97.88 to $98.31. Their statistics in terms of occupancy and absenteeism are included with those of the institutions.

The current funding approach is also designed to prevent Agencies from running their own group homes. There are fears within the Child and Family Support Branch that Agencies would demonstrate similar group home abuses as the former Children's Aid Society of Winnipeg if they operate their own group homes. The Review Team has found no evidence to substantiate this fear.

In order to maximize resource flexibility, Child and Family Services Agencies should have control of funding available for group home purchase of service. Group homes would bill the Agency directly, instead of the Province, which is the current practice. This is consistent with moving toward globally funded Agencies. It could also reduce the number of empty beds being purchased as it would not be in an Agency's financial interest to continue the practice.

RECOMMENDATION: **THAT CHILD AND FAMILY SERVICES AGENCIES HAVE THE AUTHORITY AND RESOURCES TO PURCHASE GROUP HOME SERVICES.**

Professional Parenting Programs

Professional parenting as a residential placement resource for abused children is a relatively new phenomenon in Winnipeg. A professional parenting arrangement is similar in structure to a foster home with two notable exceptions. Professional parents are qualified child care workers whereas foster parents generally are not. Professional parents are expected to not have income other than what is derived through per diem payments: this is not an expectation placed on foster parents.

The development of professional parenting programs in Winnipeg has been sporadic. This is primarily because Agencies are not aware of the Government's position on what role these programs should play in the service system. To date, the government has been non-committal on whether it will support professional parenting programs either financially or philosophically.

The Team has reviewed some existing proposals to establish professional parenting programs in Winnipeg and the PLEA service in Vancouver for young offenders. The quality of care in this type of program seems to be at least equal to that of a level II or level III group home. The environment, on the other hand, is much more normalized than a shift staffed group home. It would appear the costs of operating a good professional parenting program with supports is slightly less than the cost of a level II or level III group home.

The policy of the Government since 1980 has been to downsize the number of group home spaces in the system. While the Review

Team agrees with this direction, implementing this policy without ensuring sufficient replacement services are in place is an ill-conceived decision. Foster parents cannot reasonably be expected to be suitable for all types of placement resources. A "middle of the road" resource may be what is currently needed in the system. The Review Team feels that professional parenting programs are viable and desirable alternatives to shift staffed group homes and that development of such programs should be encouraged.

RECOMMENDATION: **THAT THE DEPARTMENT ENCOURAGE THE SIX CHILD AND FAMILY SERVICES AGENCIES TO DEVELOP PROFESSIONAL PARENTING PROGRAMS AS ALTERNATIVES TO SHIFT STAFFED GROUP HOMES.**

Institutions

Institutions are level IV shift staffed facilities and include Marymound, Knowles, MacDonald Youth Services and Children's Home of Winnipeg. Their cottages or group homes have licensed capacities ranging from 6 to 10 beds.

Level IV facilities are intended for volatile children with a high degree of behavioral, emotional and interpersonal problems. They are demanding of others, experience many crises in daily living and exhibit many signs of disturbance. These children are resistent to change and treatment intervention and require considerable control and structure.

Level IV programming is individualized and emphasizes increasing awareness and self-control. It differs from level III in the extent of program planning to meet individual needs - the child's time is highly organized, coordinated and structured. The level IV institutions are able, with variations to provide a combination of residential and some community oriented care through the use of professional parenting, proctors and day treatment programs.

Occupancy levels in 1985-86 averaged 101% with the Province funding 88%. The remaining 13% was paid by the Federal Government for children placed by Native Agencies and by out-of-province Agencies who referred children. The absentee rate was 17.6%. During the first three months of 1986-87 fiscal year, there were 2054 absentee days in level IV facilities of which 744 or 36% were the result of children a.w.o.l. Beds would be automatically held and purchased for 10 days, with Support Branch approval needed for extensions.

Support Branch statistics show that the number of institutional beds peaked in 1980-81 with 187. During the 1985-86 fiscal year, there were 156 beds with the current number being 148. At present, there are also 37 special beds available in equivalent to level IV facilities and include a portion of beds in St. Amant Centre and group homes for children with specific medical needs.

Approval for all level IV placements is centralized within the Support Branch. Referrals must be submitted to the Placement

Coordinator who can grant the necessary approval or submit the referral to the Placement Committee for decision. The Placement Committee is comprised of Support Branch staff and group home and institutional representatives. It meets regularly to discuss referrals.

Since Agencies can apply directly to facilities for level II and level III resources, the logic of a level IV approval process is not readily apparent. Furthermore, the participation of group home and institutional representatives on this committee provides for a potential conflict of interest as they could be approving referrals to their own facilities.

If Agencies can be thought competent to make level II and III referrals and participate in related discussions over the appropriate matching of child and resource, they should be able to make level IV referrals as well. There is no need for a centralized approval mechanism.

The four major institutions could experience considerable difficulties should the Province enact the recommendation in this report for creating global budgets for the Child and Family Services Agencies. A need to negotiate with the six organizations could make their environment somewhat difficult to predict and, in consequence, it would be difficult for them to handle their budget projections effectively.

In order to administer these services properly, it would be necessary for the Province to continue to provide the institutions with stable core funding. Some adjustment would occur if the Agencies were able to improve their services by providing better early intervention and to make better use of programs such as professional parenting. If problems are resolved at these earlier points then there will be less need for institutional services.

While some real progress in this direction is a practical possibility, it is likely, unfortunately, that the need for these placements will continue to be critical for the foreseeable future. While one might expect that there would be some difficulties for the institutions at the point of system change, there is no reason to believe that the problems will be either acute or permanent and they will continue to provide essential services to children.

The regionalized Child and Family Services Agencies do not have sufficient control of funding for placement resources. A centralized approval process, coupled with limited authority for discretionary spending, unnecessarily restricts the Agencies' ability to design placement resources in response to unique regional needs. Funding for receiving facilities, foster placements and group homes spaces should be reallocated to the six Agencies as part of a global budgeting system. This should allow the Agencies to direct funding into those placement resources most urgently required and facilitate a development of a regionally-based continuum of placement options.

The Review Team also supports the overall movement of placement options away from large shift staffed group facilities to smaller more home-like settings. Professional parenting programs are a viable and less expensive alternative to group homes which are consistent with more normalized placements for abused children.

Children in need of protection should be accommodated in a setting that most closely approximates a natural home environment. Establishing a system that can meet this intention is highly dependent on Agencies having control of funding for all of their own placement resources. This does not mean, however, that the Agencies should necessarily be expected to carry the extra burden of operating these facilities on a day-to-day basis. There are different options for administering placement resources that are consistent with a move to global budgeting.

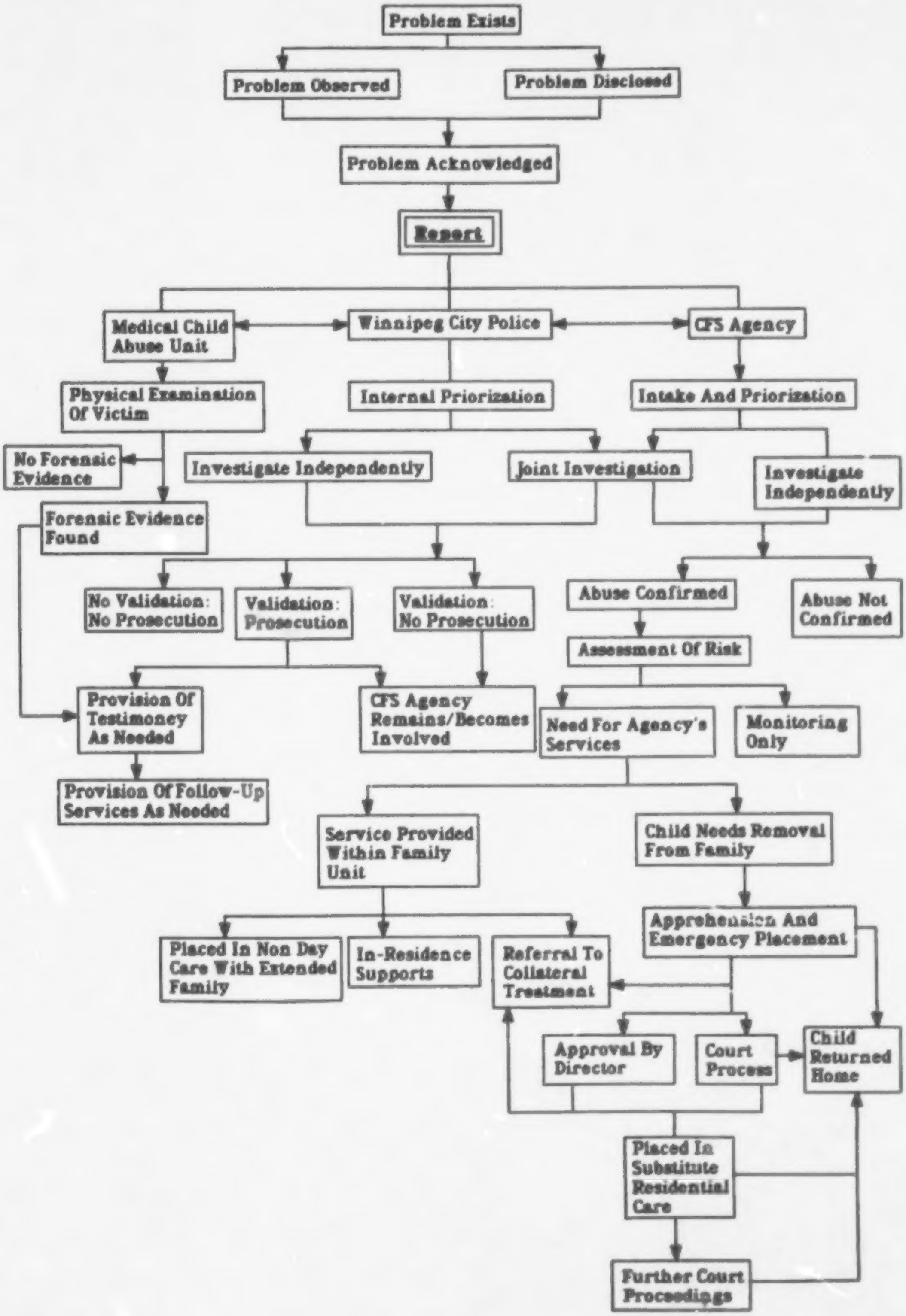
Placement resources could be operated through a purchase of service arrangement between the Agencies and one or more external service providers. Alternatively, Agencies could assume responsibility for developing and operating their own placement resources. In a third scenario, Agencies may operate some resources internally (e.g., foster homes or professional parents) and purchase some services externally (e.g., contract with one of the four institutions to operate receiving resources).

These are three basic administrative options that would be available to the Agencies working with a global budget. The are also two possibilities pertaining to how the six Agencies may decide to coordinate and control funding of placement resources.

The six Agencies can independently allocate funding for placement resources. In this scenario, each Agency would establish its own administrative structure for operating placement resources. In a second option, the Agencies may agree to assign funding responsibility to the larger coordinating body comprised of representatives from the six Agencies outlined in Section X. This would not preclude the development of unique regional services but would require that the Agencies approve specific administrative arrangements by consensus.

The Review Team considers all of these to be viable alternatives for operating a system of placement resources for children in need of protection. However, each is dependent upon global budgeting. Once globally funded, the Agencies can work individually or collectively to operate and/or purchase placement resources. Each of the above alternatives is superior to the existing system and can potentially improve services for children.

Diagram VI - Summary Map


Problem Exists
Problem Observed
Problem Disclosed
Problem Acknowledged
Report
Medical Child Abuse Unit
Winnipeg City Police
CFS Agency
Physical Examination Of Victim
Internal Priorization
Intake And Priorization
No Forensic Evidence
Investigate Independently
Joint Investigation
Investigate Independently
Forensic Evidence Found
No Validation: No Prosecution
Validation: Prosecution
Validation: No Prosecution
Abuse Confirmed
Abuse Not Confirmed
Assessment Of Risk
Provision Of Testimoney As Needed
CFS Agency Remains/Becomes Involved
Need For Agency's Services
Monitoring Only
Provision Of Follow-Up Services As Needed
Service Provided Within Family Unit
Child Needs Removal From Family
Apprehension And Emergency Placement
Placed In Non Day Care With Extended Family
In-Residence Supports
Referral To Collateral Treatment
Approval By Director
Court Process
Child Returned Home
Placed In Substitute Residential Care
Further Court Proceedings

SECTION VII

TREATMENT SERVICES FOR ABUSED CHILDREN

As a precursor to the consideration of the topic of treatment, it is worthwhile to review the fundamental definitions. The treatment process consists of three parts: assessment, intervention and therapy. Treatment begins at the assessment stage when the victim and family are first recognized as being at risk or when an injury is recognized. The intervention stage begins when the victim or the alleged perpetrator is removed from the home or changes are made to the presenting problems. Therapy involves one or more therapists using a set of interpersonal skills to deal with the damage to the psyche of the victim and to facilitate improved functioning of the victim. This may occur in an individual setting with a therapist and a client, or a family or group setting with 4 to 10 clients and one or more theapists. The same principles of therapy for victims apply to offenders as well.

Some institutions provide a range of services for abused children. This includes such organizations as Manitoba Adolescent Treatment Centre, Children's Home, Klinic and Children's Hospital. The interest of key individuals seems to determine the success of these programs. Those key people come from different training backgrounds: social work, psychiatry, psychology.

The following are known to the Review Team as organizations, groups or institutions that have one or more therapists working with victims (children or adult survivors) and offenders (adolescents or adults).

Adolescent Program, St. Boniface General Hospital
Child and Adolescent Program, Health Sciences Centre
Child Abuse Witness Program
Child and Family Services (the six Agencies)
Child Guidance Clinic
Children's Home of Winnipeg
Children's Hospital Child Protection Centre
Department of Community Services, Corrections Division
Department of Psychiatry, Health Sciences Centre
Department of Psychiatry, St. Boniface General Hospital
Family Services of Winnipeg Inc.
Interfaith Pastoral Institute
Jewish Child and Family Services
Klinic, Inc.
Knowles Centre Inc.
Ma Mawi Wi Chi Itata
MacDonald Youth Services
Manitoba Adolescent Treatment Centre
Marymound
Private Therapists
Psychological Services Centre, University of Manitoba
Service de Conseiller

There is considerable uncertainty regarding what constitutes effective therapy. What modality is most helpful in what kind of cases? How long should it be provided? What therapeutic modalities might be most effective in a setting with limited numbers of therapists? Underlying this is a need for a descriptive analysis of current therapy services for physically or sexually abused children in Winnipeg; followed by an assessment of the strengths and weaknesses of those programs; lastly an organized effort to improve on the weaknesses. That study is beyond the purvue of this review; however, the list of organizations on the previous page is a beginning point.

The Review Team has observed that some therapists are quite clear about the shape and direction that therapy should take while others openly admit to uncertainty and desire to learn more. It is noteworthy that the Government of Canada has recently announced its intention to support certain research projects in the area of child abuse. Included in the list of research and demonstration projects which the Health and Welfare Canada is prepared to support is "Demonstration of Integrated Models for Treating Sexually Abused Children and Their Mothers". Long-term goals that would be supported include, "A Longitudinal and Comparative Study of Effectiveness of Child Centered and Family Centered Treatment Programs".

There is a general recognition that there are very few therapy services for physically abused children. Most therapy services are focussed on sexual abuse. There has been considerable concern about the accountability of therapy service for sexually abused children and as result of this, the Peer Supervision Group for sexual abuse group therapists was established. This is a notable example of working towards standards in therapy around issues of assessment, accountability, supervision, follow-up and court involvement.

Generally, therapy services in Winnipeg for sexual abuse are victim-oriented. There are few resources to treat the family or the offender, and fewer therapy resources for physically abused children.

CHILD AND FAMILY SERVICES AGENCIES

The Child and Family Services Act is silent on the issue of therapy in contrast to the clarity with which it speaks of the need to detect and investigate child abuse. As a reflection of this perspective, many cases of abuse are found but few receive adequate therapy. No one is accountable for this deficiency, as it is not a mandated service. Section 9 (1) of the Act makes only broad references to Agency responsibility for counselling, guidance and support. Some Agencies have become active in developing small areas of expertise but there is, at present, no uniform system of therapy across the child and family services system in Winnipeg.

Difficulties are faced by Child and Family Services workers as they consider this issue. A significant number of workers are unaware of what resources are available. It is not known by many workers what types of therapy are available and who is available to provide it. Some have asked for a therapy resource list that might serve as a reference point when considering the issue.

It should be noted, however, that there are individuals opposed to the establishment of a list which would by its creation give authority and recognition to some but not to others. Another criticism of a list is that it would change quickly and be out of date. Nevertheless, many recent graduates in social work who will become first responders for the Agencies in abuse work are not able to refer to any general document that would provide treatment options, as no such list exists. No single organization or department of government has made a coordinated effort to bring together the therapy resources for abused children.

The current practice of line workers is to seek personal contact with an individual, group or organization that may be available to assume responsibility for therapy of the case. Therapy alternatives include: individual client work, family counselling and group therapy.

There are considerable difficulties in accessing therapy. Many groups are filled quickly with clients and are not available to other needy children. Many groups operate in the central part of Winnipeg and are relatively inaccessible to those living in the more peripheral parts of the city. Some groups are offered only at specific times of the year. A small number of groups have difficulty sustaining their existence because they run as an adjunct to the regular duties of a social worker or therapist. A number of therapy programs have very small enrollments. Others restrict access by age, sex, victim or offender status, or other reflections of the training or interest of the therapist. A considerable number of line workers express an interest in doing therapy but find they are unable to as they are overburdened with crisis-oriented case work.

It has been the observation of the Review Team that most line workers feel it desirable to have a minimum standard of accessible trained therapists within each Child and Family Services region. The primary reason for this is the large number of children needing therapy and the small number of available therapists. It is also desirable for Child and Family Services to develop a coherent philosophy regarding therapy whereby the issue of a family-centered and systemic approach would be considered in light of the differing conceptual framework of a child or victim-centered therapy. This issue has been alluded to in the Badgley Report (1984). The merits of each methodology need to be considered and their appropriateness assessed with reference to their suitability to prototypical case types.

COMMUNITY MENTAL HEALTH SERVICES

Community Mental Health Services is a program of the Department of Health that provides assessment, supportive care and treatment for those individuals with mental health problems who are living outside of hospitals and mental health institutions.

In Winnipeg, government supported mental health services are administered through three regions. There are 24 equivalent full-time positions in Community Mental Health Services. These services are directed to adults. No community mental health workers for children exist in this model in Winnipeg. These services do exist in rural Manitoba where children's mental health workers are actively involved in case planning and the treatment of sexually abused children.

Mental health services for children in Winnipeg are fragmented. This issue has been considered in part in a document entitled "Report of the Child Psychiatry and Developmental Pediatric Review Committee", 1985. The report identified the major deficiencies in psychiatric services for children in Winnipeg and the rest of the Province. It concluded that the mental health needs of children were not being met and advocated the development of a multidisciplinary and integrated child mental health program. Although not addressing the issue of treatment services for abused children, the general principles described in that report apply to the mental health service needs for such children. An earlier report entitled "Review of Mental Health Services in Manitoba" very briefly described the need for improved psychiatric services for children both in Winnipeg and rural Manitoba. Largely, the topic has been set aside by those involved in therapy services to children.

The large increase in the number of cases of child physical and sexual abuse in the last five years explains, in part, why there has been strain on the limited resources of those working in the mental health field . Young children may present with the affects of abuse in a variety of ways: a child with nightmares, bedwetting and acting out behaviour; a seriously disturbed teenager who discloses history of sex abuse during investigation of behaviour problems; or a young adult who gains the confidence to speak of previous abuse once away from the home where it occurred. These are some of the problems for which Community Mental Health Services may be asked to provide assessment or opinion. Generally, it is unable to respond to this.

There is great need to provide effective links between community and institutional mental health resources as abuse victims may use both of these systems. In particular, it is not uncommon for abuse victims to present to hospital emergency departments in states of disorganization, acting out behaviour or suicidal intent. These young victims may slash their wrists, overdose or try more lethal means in attempting to end their unhappy lives. Sufficient resources for the seriously disturbed may include hospitalization or institutional care for the child or adolescent's safety.

There is considerable polarization of opinion around the question of institutional care. The Review Team is impressed by the need for strong bridges between both institutional and community care for abused children. Children will benefit from access to both, as appropriate.

HOSPITAL-BASED MENTAL HEALTH SERVICES

Unfortunately, and not infrequently, children and young adults require admission to hospitals or institutions for temporary, protective care and support. Hospitals also provide outpatient assessment and therapy services. At Children's Hospital, children and their families are seen for assessment and therapy by the Child Protection Centre staff using the Centre's Sexual Assault Clinic and the hospital's Child Development Clinic and Child Psychiatry Unit. The Child Protection Centre also offers a family support program designed to provide crisis intervention to families whose children have been victims of third party assault. The Child Protection Centre's overall program is highly regarded across the system.

At St. Boniface General Hospital, there is considerable interest in one of the consequences of sexual abuse, specifically multi-personality disorder. The dynamics behind this process and consideration of therapeutic interventions are described in a submission by Dr. Colin Ross, Psychiatrist, St. Boniface General Hospital in the Appendix.

In addition, it is a general phenomenon on most psychiatric wards that, where abuse is looked for and asked about, it is found, and may be quite pertinent to the dynamics that explain a part of that person's difficulties and why that person may be in hospital. Reliable statistics in this regard are very difficult to obtain. There is no specific diagnostic category for abuse in of the Diagnostic and Statistical Manual, Third Revision (DSM

III) which contains the current coding system used in psychiatry. Institutional services for children are available at Children's Hospital on the 3 West ward and the St. Boniface General Hospital, the Child and Adolescent Unit of the McEwen Building. The Manitoba Adolescent Treatment Centre reports that a very high percentage of in-patient clients have been abused. That facility offers in-patient assessment and therapy services. Adult survivors of abuse may constitute a notable portion of adult in-patients on psychiatry wards.

CHILD GUIDANCE CLINIC

The Child Guidance Clinic (CGC) operates as a support agency to nine school divisions in Winnipeg. It is staffed with 148.9 equivalent full-time positions (EFT's), one-half of the staff complement is designated for reading, speech and hearing work. The St. James-Assiniboia School Division operates its own clinic, Educational Support Services (ESS). Both CGC and ESS offer additional resources including social workers, psychologists, and psychiatrists. The funding for the C.G.C. and E.S.S. is a combination of grant money from the Department of Education and local taxpayer contributions from education taxes. This is a considerable resource that has sometimes been referred to as Winnipeg's children's mental health program.

During the course of the review, there has been much discussion about the need to coordinate resources that are a part of CGC and ESS with the rest of the system in response to child abuse. This implies intensive resource sharing between the Clinics and the Agencies in the areas of assessment and therapy.

For the past three years, the C.G.C. has been represented on both the Physical and Sexual Abuse Committees that operate in Winnipeg. This has established linkages with the child protection community and given a profile that was previously missing for the Clinic. There is a lack of consistency throughout its operation in regard to how Clinic personnel deal with abuse. Some clinicians are able to work with children who have been abused. Other clinicians who have not had experience or are uncomfortable in dealing with it, refer the case out to other community resources. Generally, only a small number of clinicians can be considered as expert or knowledgeable in the area of abuse. There is, at present, no coordinated approach to the issue of abuse of children.

In a discussion paper prepared by Keith Black, Assistant Director of the Child Guidance Clinic, regarding child guidance services in the area of child sexual abuse, several recommendations have been made by that Agency. These include:

1) Acceptance by the C.G.C. of an appropriate part within the abuse network and development of services in relation to a network that makes sense within the educational community.
2) Endorsement of a team approach in respect to abuse and the importance of collaboration of

their community agencies.

3) Expectation that all clinicians must be familiar with the use of protocols related to reporting and that these clinicians are familiar with existing community resources.

4) Expectation that any clinician encountering abuse on their caseload will not transfer it to another agency simply because of an abuse component.

5) Basic awareness program about sex abuse be developed and become mandatory for all staff.

6) Professional development programs be developed specifically around five clinicians who would become knowledgeable and trained at an intensive level regarding preventative approaches, treatment, skills and use of anatomically correct dolls.

7) Professional development programs to be developed that allow at least one person per unit to be considered capable of dealing with abuse related matters at a school level.

8) To establish and maintain an interdisciplinary library of resource material related to abuse.

9) Acceptance by the C.G.C. of responsibility to participate in efforts to encourage participating school divisions to put in place programs that will lead to more effective handling of the whole subject of abuse.

10) Continued work with Winnipeg Child Abuse Committees and other appropriate Department of Education and school division committees that are dealing with planning.

These forward looking and community-minded recommendations reflect the growing concern in education that a coordinated effort with community resources is essential particularly at a time of limited treatment resources. It also relates to the frequent observation during the course of the review that many guidance teachers are being asked to provide some therapy when little is available or is relatively inaccessible.

The widely stated opinion of guidance teachers is that front line social workers are frustrated by a lack of easily accessible treatment resources. As a result, some guidance teachers are providing therapy "by default" realizing that they are the only potential resource available immediately to an abused child. They may acknowledge limited training in therapy modalities, but do their utmost to offer counselling support. A small number of guidance counsellors and teachers offer temporary shelter to abused children as well, preferring the risks associated with such action rather than seeing a student suffer further abuse - either from their family or from a system which cannot respond to their needs.

The C.G.C. and E.S.S. are like the rest of the system - struggling with the need to provide support and therapy to abused children. They face the added difficulty of offering therapy amid conflicting views from administrators and politicians concerning whether this is the proper role of an educational support service.

PHYSICIANS

In the last five years, physicians have become more aware of the problems of physical and sexual abuse of children. This change has occurred as a part of the general phenomenon of society calling attention to these unwanted acts and, in part, by reviews such as the Badgley report. In addition, there have been, on a regular basis, publications in leading physician journals and topics at many conferences where the opportunity to learn more about this subject has been made generally available. However, there are few physicians who are available to help the investigation and therapy of child abuse in Winnipeg beyond those working at Children's Hospital and St. Boniface General Hospital.

In the medical community, no consensus exists on the need for the development of a larger group of physician resources outside of the Child Protection Centre and St. Boniface General Hospital. One set of opinions states that the work is specialized and can only be adequately done in a major teaching hospital where physicians are available on a contractual or full-time staff basis rather than fee for service. This assures a uniform, high standard of care. The opposite set of opinions states that these skills can be learned through continuing medical education techniques in the same manner as physicians can upgrade their skills in other complex areas after graduation. This has occurred in such instances where physicians have returned to major teaching hospitals to acquire special skills in anaesthesia, intensive care unit, chemotherapy and psychiatry. Regarding chemotherapy, it is significant to note that the Manitoba Cancer Treatment and Research Outreach Program has used the model of upgrading family physician skills as a key component to providing reliable regional chemotherapy care throughout the Province.

The Department of Psychiatry at the University of Manitoba is reexamining its role in the provision of therapy services for abuse children, adults and their families. These are important issues to be considered including how psychiatrists can work most effectively with psychologists and social workers, establishing therapeutic goals consistent with other system participants, developing expertise in the giving of evidence when clients concerns require a court appearance and working through the matter of confidentiality when disclosures of abuse occurs. These concerns are not dissimilar to those of psychologists who provide services to those individuals or families who have been abused.

A committed and trained network of physicians in the area of child abuse diagnosis and therapy would be an invaluable resource. As stated by Dr. Finkel in a recent article: "Physicians have made important contributions in the past but there is much that lies within their capabilities and is yet undone. If they were to upgrade their skills in recognizing disadvantaged children and were to intervene bravely and willingly more often, society would eventually reap the benefit." The system dealing with child abuse in Winnipeg has a right to expect this from its physicians.

CORRECTIONS

It has been the observation of the Review Team that young sexual offenders, usually adolescents, are a group that is potentially treatable, particularly after the first offence. Special efforts to treat these high risk individuals before they re-offend may result in breaking a cycle of abuse that, untreated, will harm many children for many years.

The response to offenders as either victims or perpetrators of child abuse varies within the Corrections Division. Since each program area sets its own priorities, emphasis on this type of offender can be given either high or low priority. A key determinant as to the type of resources available to this group is whether or not the offender is incarcerated.

For example, treatment of sexual offenders is a high developmental priority for Community and Youth Correctional Services, whereas Adult Corrections does not rank this area specifically. It is a strategy within Adult Corrections not to identify incarcerated sexual offenders by offering specific treatment programs as this could create security problems.

Sexual offenders are therefore "buried" in correctional institutions around the province.

A current difficulty within Adult Corrections concerns inconsistencies in collecting information about offender profiles and having the ability to easily access this information across the Corrections system. An offender may be incarcerated for assaulting a child; however, the amount of information available to the institution is dependent upon: the adequacy and thoroughness of a pre-sentence report (if one was requested by the Judge); records of previous incarcerations; and the willingness and preparedness of Correctional staff to build a rapport with that offender to elicit comprehensive background information.

At present, it is not possible to quickly and easily determine the number of adult offenders incarcerated for offenses related to child abuse, their locations, or expect to find consistencies in the kind of information collected about their backgrounds. Record keeping is not automated and information retrieval must be undertaken manually.

Within Community and Youth Corrections, a move to automated retrieval began in the early 1980's with an offender classification system emerging in 1983. The system is capable of tracking adult and youth offenders on probation through a range of variables including risk, court information, and demographics. The instrument used to collect this information is standardized across Manitoba.

Taking the example of sexual offenses, there has been a significant increase in the number of adult and youth offenders on probation for the following group of offenses:

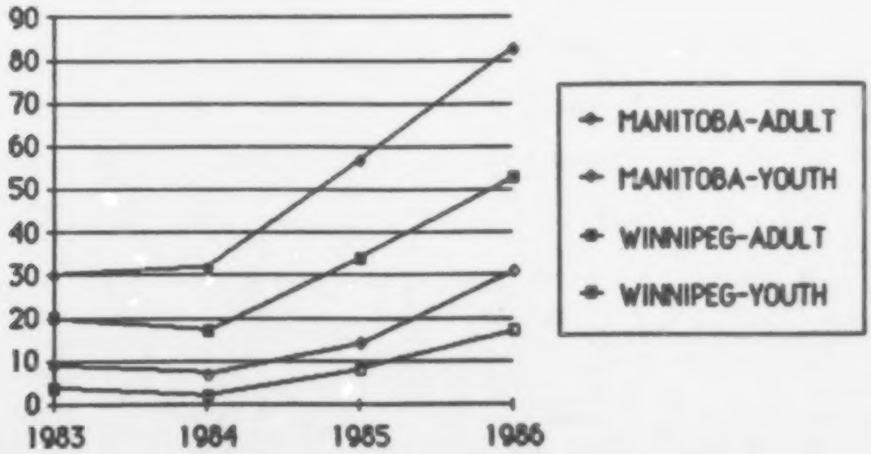
Adult

1. indecent act
2. gross indecency
3. sex with a female 14-16 years
4. sexual assault, no weapon
5. sex with child <14 years
6. incest
7. rape

Youth

1. indecent act
2. gross indecency
3. sexual assault, no weapon
4. sex with child <14 years
5. incest
6. rape

NUMBER OF SEXUAL OFFENDERS ON PROBATION



Until recently, Community and Youth Corrections' response to the sexual offender has rested with the individual initiatives of Reid Hartrey and Mildred Cheslock. They have developed and have been providing a group therapy program for youth sexual offenders on probation. Each treatment group is 23 weeks in duration and draws upon multidisciplinary input from the community.

This group program has ten components:

1. Sex education.
2. Accepting responsibility for behaviour.
3. Breaking down sex role stereotypes.
4. Revealing the victim's perspective.
5. Encouraging disclosure.
6. Discussing issues relating to sexuality.
7. Having an adult sexual offender tell his story.
8. Having the Police and Crown Attorney make presentations.
9. Setting up individual control plans.
10. Referring the youth to follow-up resources.

Recently sixteen Correctional staff, both community and institutional, were identified as having an interest in providing similar or specialized treatment to sexual offenders. Ten of these individuals are from Winnipeg. They will be offered training over the next 12 - 24 months with the goal of having one or two staff members in each Probation unit or institution knowledgeable and skilled in providing group and individual therapy for sexual offenders.

Success in this area is heavily dependent upon individual initiative and the adequacy of training programs. Currently there are approximately 5 EFT's designated for staff trainers: 2 in Adult Corrections, in excess of 2 in Community and Youth Corrections (with some other responsibilities) and 1 for Corrections Division with supports to various areas. None of these trainers have prior training or experience in dealing with sexual offenders or issues related to family violence.

It should be noted that Corrections Division does provide additional staff to cover those undergoing training. There are 5 term EFT's for training coverage in Community and Youth Corrections and 7 in Adult Corrections.

While Corrections officials acknowledge that there is little or no programming for incarcerated adult offenders, a similar situation is true for young offenders in closed custody. A study undertaken at the Agassiz Youth Centre during the summer of 1985 revealed that out of a resident population of 128 boys, 54 were victims of physical battering, sexual assault, or incest, while 36 boys indicated being perpetrators of such acts. These numbers were not surprising to Agassiz officials as staff, in general, knew that most of the youths had elements of abuse in their background. The study also found that between the age of 15 and 16, the "victim" tended to emerge as a perpetrator. With the exception of allowing some staff members training opportunities in the area of sexual abuse, there have been no program changes at Agassiz in response to this study.

CLERGY

The clergy has become increasingly aware of the phenomenon of child abuse. Its traditional counselling and supportive services are a potential resource for the system. This is particularly important as there is a growing acceptance of the clergy's role in family support and in particular the work of the Interfaith Pastoral Institute. For some children and families, therapy conducted from a spiritual context can be appropriate and helpful.

Aside from the Interfaith Pastoral Institute, individual counselling services of the clergy are done in a parish or congregation specific fashion. These individual counselling services are not well known.

PRIVATE THERAPISTS

The number of private therapists offering treatment services to children and families is growing. Several of these individuals have previous child and family services experience. Their willingness to leave salaried positions and the overall growth of private therapists can be attributed to four factors: the heightened awareness of child abuse and increasing number of cases being identified has created a large pool of potential clients; some parents choose not to wait for the system to make therapy resources available and are willing to pay for therapy now; the Child and Family Services Agencies allot funds for the purchase of services from private therapists; and some Child and Family Services Agency social workers are willing to risk the challenges of the market place rather than see their therapy skills wither through constant crisis work.

The system dealing with child abuse in Winnipeg has had considerable success in identifying child abuse cases during the last five years. The system is biased towards the front-end. It is finding cases faster than therapy services can accommodate them. The portion of the system sometimes referred to as therapy is unorganized and understaffed. There are few integrated programs that first line responders in Child and Family Services can call on to help with the ever increasing number of new cases. One of the major thrusts in the next several years will have to be in the area of rationalizing treatment services so that they are identifiable, reliable and have some associated measure of effectiveness. At present, very few of those qualities describe the current system for the city as a whole although there are a few notable exceptions.

As most children who are abused are not hospitalized or treated in an institution, a need exists to establish a community-based set of treatment goals and resources for abused children. The Review Team has discussed this issue widely with workers in the system and there appears to be a broad consensus. A general proposal regarding this has been received from the Canadian Mental Health Association and is included in the Appendix. A primary question in this regard is who will take the lead in developing these services? Prime candidates for this leadership role would include the Department of Health and the Department of Community Services.

The ongoing debate over whether child abuse therapy is better vested in Health than Community Services is interesting but detracts from the immediate development of adequate treatment resources. Because the Child and Family Services Agencies are community-based and the provision of community-based therapy is consistent with normalization, these Agencies are best situated to provide it.

Given an appropriate infusion of funds specifically for treatment, Child and Family Services Agencies should be able to respond to most of the therapy needs within their regions. There will continue to be a need for in-patient and other residential services now provided by Health and Community Services. However, the Review Team anticipates that, in time, early intervention combined with readily available Agency-based therapy will reduce the pressures currently placed upon institutional resources.

An effective treatment response will require two therapists per Child and Family Services Agency team. Agency-based therapists would ensure, at minimum, service provision for counselling, guidance and support under section 9 (1) of the

Child and Family Services Act;, would be able to provide badly needed assessments without delay; would have the time and commitment for more intensive work; and would minimize the delays and frustrations to line staff presently trying to access scarce therapy resources from other systems.

The Review Team estimates the cost of a community-based treatment response at $2,000,000. to be distributed as follows:

Northwest	$ 500,000.	($50,000. x 10 therapists)
Central	$ 400,000.	($50,000. x 8 therapists)
West	$ 300,000.	($50,000. x 6 therapists)
South	$ 300,000.	($50,000. x 6 therapists)
Northeast	$ 300,000.	($50,000. x 6 therapists)
Eastern	$ 200,000.	($50,000. x 4 therapists)
TOTAL:	$ 2,000,000.	

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES ESTABLISH A COMMUNITY-BASED THERAPY RESPONSE CAPABILITY IN ALL CHILD AND FAMILY SERVICES AGENCIES.

IT IS FURTHER RECOMMENDED THAT THERAPISTS HAVE CLINICAL EXPERTISE AND THERAPY SKILLS OBTAINED THROUGH APPROPRIATE TRAINING.

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES MAKE AVAILABLE A TOTAL OF $2,000,000. TO CHILD AND FAMILY SERVICES AGENCIES FOR THE PURPOSE OF HIRING THERAPISTS.

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES IMMEDIATELY ADDRESS THE REHABILITATION NEEDS OF ADULT AND YOUTH SEXUAL OFFENDERS AND PROVIDE THE APPROPRIATE TRAINING, STAFFING, AND PROGRAMMING.

SECTION VIII

NATIVE AGENCIES

The needs of Native children and the problems involved in protecting and assisting them are province-wide and are, for the most part, beyond the scope of this review. However, the Review Team is cognizant of outreach workers deployed by some Tribal Council Agencies in Winnipeg and important issues related to Federal-Provincial jurisdiction and funding of Native child and family services.

There are sixty Indian Bands in Manitoba. Fifty-seven are grouped in seven Tribal Councils. These Councils are:

Dakota Ojibway Tribal Council
Interlake Regional Development Council
Southeast Tribal Council
West Region Tribal Council
Swampy Cree Tribal Council
Keewatin Tribal Council
Island Lake Tribal Council

Three Bands are not associated with the seven Tribal Councils. They are Fort Alexander Band, Norway House Band and Dakota Tipi Band. Five Tribal Councils have autonomy for child and family services. They are Dakota Ojibway Tribal Council, Interlake Regional Development Council, Southeast Tribal Council, Awasis* and West Region Tribal Council. Core funding for on-reserve child and family services comes from the Federal Government.

Three mandated Native Child and Family Services Agencies have workers deployed in Winnipeg. They are Awasis, Anishinaabe** and Southeast Tribal Councils. The Province of Manitoba funds three non-mandated Agencies - Ma Mawi Wi Chi Itata, Manitoba Metis Federation (MMF) and the Native Women's Transition Centre. With the exception of the MMF, Winnipeg is their locus of activity.

The unique problems of protection of Native children on reserves was referred to in the 1981 Discussion Paper by Corinne Robertshaw, "Child Protection in Canada". In it, references were made to the court case of Director of Child Welfare for the Province of Manitoba vs. Ellen Baptiste, (1979) 6 W.W.R. 229. The question of whether Treaty Indian children on the Little Grand Rapids Reserve in Manitoba were entitled to the same protection services as other Manitoba children not living on reserves was the issue. The court reached the conclusion that

*"Awasis" is a Native agency established by northern Tribal Councils to provide mandated services to children and families.

**"Anishinaabe" is the Child and Family Services Agency of the Interlake Regional Development Council.

"the present law makes it obligatory that the Province of Manitoba provide the same social and child care services under the Child Welfare Act, to Treaty Indians resident in Manitoba as other residents of the Province receive." This decision and other important developments led to the development of the Tripartite Agreement between Native Bands, the Province of Manitoba and the Federal Government.

While Native Agencies are mandated to provide services to children and families on reserves, their mandate becomes less clear when the family moves off-reserve. They do claim jurisdiction of status Indian children regardless of their location, but other Child and Family Services Agencies and the Province disagree. Directive #18 is now being redrafted to resolve some of the jurisdictional difficulties.

Funding is also problematic regarding Federal-Provincial jurisdiction of status Indians. The Federal Government prefers to fund on-reserve child and family services only, leaving status Indians who move off-reserve to provincial jurisdiction. The funding of off-reserve services is, therefore, a contentious issue. Furthermore, there is a perception that existing levels of federal funding for on-reserve services are insufficient to meet the service requirements of the Child and Family Services Act.

The resolution of jurisdictional and fiscal issues is critical to the long-term success of Native Child and Family

Services Agencies. These Agencies recognize, within their own field of work, the need for improved tracking of children. They recognize the need for improving communication between Agencies. There is a need to improve the service to Native families in Winnipeg who have children at risk but who are not apprehended. The common theme for most Agencies is the need to resolve the jurisdictional issue; that is, which Agencies are responsible for which Native children under what conditions? Part of that issue is the need to establish a net or configuration of services that are properly structured to meet the needs of differing Native Child and Family Services Agencies and Bands in respect to the number of their children in Winnipeg and the Bands' or Councils' ability to provide service in Winnipeg.

Notwithstanding the above-mentioned issues, Native Child and Family Services workers in Winnipeg face the same set of problems as Child and Family Services workers for the six regions in Winnipeg. Issues of worker training, standards, the assessment of risk, detection, methods of intervention and the use of referral resources, such as the Child Protection Centre and St. Boniface General Hospital are not unlike problems faced by workers of the six Child and Family Services Agencies.

Ma Mawi Wi Chi Itata is a non-mandated Child and Family Services Agency in Winnipeg funded by the Provincial Government which acts as a coordinating and service centre for Native families and their children. The lack of a mandate makes this Centre's work different and potentially less adversarial with their clients than that of the six Child and Family Services Agencies in Winnipeg, although it should be noted that some clients of Ma Mawi Wi Chi Itata are referred from mandated Agencies. Close liaison and information sharing with the six mandated city Agencies and the mandated Native Agencies over common cases is critical for the safety of children who are identified at high risk.

RECOMMENDATION: THAT THE PARTIES TO THE TRIPARTITE AGREEMENT PROCEED ON AN URGENT BASIS TO RESOLVE THOSE FISCAL AND JURISDICTIONAL ISSUES WHICH PERTAIN TO PROVISION OF SERVICES TO NATIVE CHILDREN AND DIRECTLY AFFECT THEIR SAFETY.

SECTION IX

CHILD AND FAMILY SERVICES - INTERDISCIPLINARY ISSUES

The provision of services to families and children is inherently multidisciplinary. To be effective, this process requires that different professional groups have the capacity to work cooperatively toward common goals and the ability to retain mutual respect when conflicts emerge. Cabinet Ministers agree to work together, consultation committees exist, individuals and groups advocate on behalf of children, diverse groups are involved in prevention, and there are opportunities for multidisciplinary training around abuse issues. Despite their efforts, the system tends to be conflict-ridden and characterized by a high degree of "turf mentality". Current attempts at conflict management are not effective and have little impact upon the nature and quality of services being offered to children and families.

Interdepartmental Protocols

In April of 1984, the Ministers of Community Services, Health, Education and the Attorney-General signed a multidisciplinary protocol to ensure that the needs of abused children are met - that their rights are protected, and that where possible, families can be kept together with the support of all involved. The protocol defined child abuse and outlined the reporting requirements when abuse is suspected.

While the protocol articulated a spirit of cooperation at the Ministerial level, cooperation among the four departments breaks down in practice:

1. The role of the Department of Health in the coordination and implementation of therapy services for abuse victims is not clear.
2. Different social workers in different Child and Family Services Agencies have different standards for abuse.
3. The education system is beginning to priorize its abuse reports from the premises that Child and Family Services Agencies may not investigate, or, that the investigation may be more damaging than the existing problem.
4. The court process is slow and judges can be reluctant to accept the uncorroborated evidence of a child. (See Appendix for Legal Opinion.)

Despite the protocols, much of the current activity surrounding the day-to-day response to abuse remains with Community Services.

Some individuals are concerned that Community Services appears to "own" the problem of child abuse. Because other departments are unwilling or unable to target child abuse as a priority, this responsibility falls to Community Services by default. Time and effort is spent attempting to effect real interdepartmental coordination, but with limited results. It is evident that for progress to be made in the detection, referral and treatment of child abuse, Community Services will have to bear most of the responsibility.

Consultation - Physical and Sexual Abuse Committees

The Winnipeg Child Abuse Committee was established in 1972. This committee was established on the initiative of concerned professionals from various disciplines who recognized the need to meet regularly to discuss cases where child abuse was involved. In 1980, the larger Abuse Committee was split into a physical abuse subcommittee and a sexual abuse subcommittee. These two committees now function as separate entities in the child abuse system. The original committee and the existing subcommittees were created and continue to operate on an informal basis: their powers are ascribed and not prescribed. The Act is silent on the role of the committees.

The Physical and Sexual Abuse Committees meet on a weekly basis. Meetings alternate each week between a discussion of cases new to the system and a review of cases identified at a previous meeting. The "new case" meetings are held at 114 Garry Street while the "review" meetings are held on a rotational basis at one of the six Child and Family Services Agencies.

There is no prescribed formula for composition of the committees. Composition differs between the two committees as some organizations are represented on one but not the other, and while certain agencies have representation on both, they may be represented by different individuals. Members are recruited on the basis of expertise they can contribute to the multi-disciplinary team. Agencies or organizations represented on each committee are as follows:

Physical Abuse Committee

* Children's Hospital (Chairperson)
* Child Guidance Clinic
* Child Protection Centre
* Winnipeg City Police Child Abuse Unit
* Parent Aide Program
* Winnipeg Coordinator of Child Abuse
* One person from each of the six
  Child and Family Services Agencies

Sexual Abuse Committee

* Child Guidance Clinic (Chairperson)
* Children's Hospital
* Child Protection Centre
* Children's Home
* Winnipeg City Police Child Abuse Unit
* Winnipeg City Police Child Witness Program
* One person from each of the six
  Child and Family Services Agencies

In addition to the above, other individuals involved with specific cases may attend the meeting where that particular case is dealt with by one of the two committees. Child and Family Services workers other than the official Agency representative frequently attend committee meetings to present cases.

It is universally agreed throughout the system that it is both desirable and necessary for multidisciplinary teams to deal with child abuse cases. It is also the majority opinion that the two abuse committees are not functioning as well as they should be. Many of the issues cited relate directly to a lack of coordination among the various constituents who sit on the committees.

The major issues are:

(1) Unclear Purpose

The two committees operate without terms of reference. It is apparent that the committees frequently perform three separate functions: they function as a forum for exchanging basic information about cases; they function as multidisciplinary teams providing consultation on the most difficult cases; and, they function as advocates on behalf of individual cases. The committees also tend to operate as an informal system for monitoring the intervention in selected abuse cases. This informal role is more a function of the memory of individual members than it is a product of any formalized process.

There is a general lack of understanding in the system concerning the roles and functions of the committees. The fact that the committees perform a variety of functions without terms of reference produces unnecessary confusion in the system and results in different expectations being placed on the committees from different constituents.

(2) Lack of Resources

The committees have no staff. Without support staff, it is difficult for the committee chairpersons to prepare and circulate important information before and after each meeting. There are no agendas for the meetings and although notes are taken, these are not circulated to committee members. This reduces the ability of committee members to communicate important case information and it becomes exceedingly difficult to monitor cases in relation to the discussion that takes place. This also hinders the basic intent of the multidisciplinary approach as representatives frequently are not able to provide meaningful input because they are not aware of which cases are to be discussed at the meeting or lack vital information about the cases. This results in inefficient operation as time is needlessly spent on obtaining basic information that could easily be circulated beforehand.

(3) Lack of Comprehensive Information

The level of information presented at committee meetings is often not specific or detailed enough to allow for case-specific decisions to be made. This forces the committees to either accept the presentation for information purposes only or make a decision based on insufficient data. Although this is related to the resource issue, another contributing factor is that the representatives from the Child and Family Services Agencies are usually expected to present a number of cases in a short period of time. These workers may or may not be directly involved with the cases they are presenting. Under these circumstances, the committees hear general information about a large number of cases instead of specific and detailed information about a few. This seriously reduces the decision-making process of the committees.

(4) Process

There is no standard procedure for deciding which cases should be brought to the committees for review. Some Agencies bring forward only the most difficult cases. In other Agencies, the abuse coordinator will bring forward the majority of cases that he or she is aware of. As a result, utilization of the committees varies throughout the system. Some Agencies make extensive use of the committees while others infrequently forward a case for discussion.

(5) Perceptions of the Service System

This is an issue raised frequently by Child and Family Services workers. Conflict among committee members is not uncommon. A primary source of conflict involves protection of the child or, more specifically, whether or not to remove the child from the family. Child and Family Services workers are concerned that some committee members quickly advocate for apprehension of the child without fully understanding the dynamics of the family situation or fully realizing the limited availability of resources for a child once apprehension has taken place.

When the committees cease their consultative function and become child advocates, they place pressure on the Agency or individual social workers to act in a particular direction. While this is a valid role, in itself, it is incompatible with consultation. If consultation is functioning properly, one would expect that there would normally be a consensus and that this consensus would normally be put into practice.

Major changes are needed if the committees are to provide useful multidisciplinary consultation.

RECOMMENDATION: THAT EFFECTIVE MULTIDISCIPLINARY CONSULTATIONS ON DIFFICULT CHILD AND FAMILY SERVICES CASES BE IMPROVED BY THE CREATION OF A CHILD ABUSE COMMITTEE FOR EACH AGENCY.

The proposed six committees would replace the existing Physical and Sexual Abuse Committees. These six committees would operate from the six Child and Family Services Agencies. Determining size and recruiting specific individuals to sit on the committees should be the responsibility of each Agency.

The recommendation to establish six committees was proposed in the Review Team's interim report. There has been a high level of inter-subjective agreement with the concept of regional abuse committees. Two concerns have been brought to the attention of the Team in response to this proposed recommendation.

One concern is that sufficient expertise may not be available to staff the six committees. While it may not be realistic to expect some individual members from the existing two committees to sit on all six committees, the Team found no reason to conclude that expertise from the key disciplines could not be obtained for each regional committee.

A second concern is that the committees may be established without first developing clear guidelines or terms of reference to structure their operation. The Review Team concurs.

There is no reason to believe that six regional committees will inherently function more effectively than the two centralized committees. Merely establishing local versions of the existing committees without addressing some of the practical problems would only serve to increase confusion. It is, therefore, not only vitally important that the role of the committees be clearly defined but also that the committees be provided with adequate staff resources.

RECOMMENDATION: THAT GUIDELINES BE DEVELOPED THAT CLEARLY DEFINE THE ROLE, FUNCTION AND OPERATING PROCEDURES FOR EACH REGIONAL COMMITTEE.

Guidelines should be developed by the Agencies in consultation with the Child and Family Support Branch. At minimum, the guidelines for each regional committee should include the following.

(1) Formal Membership

The formal membership of each committee should include at least one representative from each of the key disciplines involved. These include social workers, psychologists, doctors, nurses, police, and educators. Professionals with experience and expertise in child abuse within these disciplines currently are employed in a number of specific organizations. These include Children's Hospital, the Child Protection Centre, the Child Guidance Clinic, Child and Family Support Branch, Winnipeg City Police Child Abuse Unit and the Department of Education. Most, if not all, of these organizations should be approached to name a representative to each committee. It would also be advisable that local representatives from the key disciplines be asked to sit on the committees. This could include, for example, a constable from a district station, a physician from a hospital located in the region, and a teacher, principal or school board member from within the local school division.

The guidelines should also specify the process by which interested persons in the community can apply to become members of the committees. Terms of membership including a mechanism for replacing members should also be included.

(2) Committee Chair

The guidelines should specify that each committee be chaired by someone who is expert in the field and who does not work within the Child and Family Services structure. The chairperson should be responsible for determining which cases are to be discussed or reviewed at each committee meeting. This person should regularly meet with the Board of the Agency.

(3) Non-Member Attendance at Meetings

Relevant non-committee members from the community should be invited to attend meetings when involved with a child whose care is being discussed at the committee level. This would facilitate active input from persons who have extensive contact with the child (e.g., teachers and day care workers) and improve the quality and quantity of follow-up work.

(4) Access to the Committees

Access to the above committees should be through the chairperson. Committee members and any worker or supervisor within the regional Child and Family Services Agency should be allowed to submit cases directly to the committees. Only approval from the chairperson should be required to place a case on an agenda for a committee meeting.

Each individual committee member should be provided with basic descriptive information on all abuse cases seen by the Agency. A face sheet and short case summary should be distributed as each new abuse case is opened. This will ensure that committee members and employees of the Agency have equal opportunity to raise cases for discussion at the committee.

(5) Role of Committees

The guidelines should specify that the committees have three primary functions.

First, the committees can function as a mechanism through which members of the key disciplines involved with child abuse can be kept informed of all abuse cases within a particular region. This can be accomplished through a simple and informal exchange of information between the committee members, the chairperson and the Agency. Committee meetings should not be used to exchange basic descriptive information about cases.

Second, the committees can provide meaningful case consultation. Committee meetings should be convened for the primary purpose of providing multidisciplinary consultation to the Agencies on the most difficult abuse cases. The committees should provide specific intervention suggestions to assist the Agencies in dealing with these complex cases. The need for this type of multidisciplinary consultation is recognized throughout the system and the Agencies need do no more than ask for advice for the mandate to exist. It would be a reasonable expectation that case decisions should operationalize committee decisions under normal circumstances. Indeed, it seems pointless to ask for advice unless one intends to regularly make use of it. To facilitate this process, each Agency should develop a general definition of what constitutes a "difficult case". The risk index proposed in this report could be a useful aid in this regard.

Third, the committees can also perform a review and monitoring function. The committees should monitor the progress of all cases discussed at meetings as long as these remain active cases on the Agency files. Committee meetings can also be a forum for reviewing the status of any abuse case at the request of a committee member, Agency supervisor or line worker.

(6) Recording of Decisions

The guidelines should require that all case decisions be recorded in a standardized format and that the implementation of these decisions be monitored on a regular basis.

This is by no means intended to be an exhaustive list of areas that should be covered in guidelines for the regional committees. Guidelines that address at least the items suggested above should be in place prior to the committees becoming operational. The viability and effectiveness of these committees will be enhanced if responsibilities and procedures are clearly defined.

Developing guidelines and recruiting expert members to sit on the regional committees should not be an onerous or time-consuming task.

RECOMMENDATION: **THAT EACH CHILD AND FAMILY SERVICES AGENCY PROVIDE THE CONSULTATIVE COMMITTEES WITH ADEQUATE STAFF SUPPORT.**

If the committees are to perform these functions efficiently and provide reliable case consultation, it is imperative that adequate support staff be provided.

Staff resources are required to set and forward agendas, distribute key case data, record minutes, document committee decisions and monitor follow-up activities. Each Agency should be responsible for providing not only the necessary staff resources but also a site for committee meetings.

Child Advocacy

Much discussion around child abuse occurs at the micro level and concerns its impact upon a particular child or family. Less discussion is carried on with reference to its impact upon society. Child abuse is not a new cultural phenomenon. It has existed for thousands of years, partly as an extension of discipline and partly as a result of viewing children as parental property. The issues of societal mores and values are critical. Does the totality of child abuse reports indicate a new willingness on the part of society to afford children special protection?

Section 2 (1)(a) of the Act notes that a child should have the opportunity for a parent-child relationship as a wanted and needed member within a family structure. If this is indeed every child's "right", what is not apparent is the community's response should this right be unavailable. The community is willing to report abuse, but is less willing to support a broad range of services in order to deal with it effectively. It is quite possible that the current numbers of reports are only the tip of a very large iceberg.

More important, there is growing concern that a child's right to the opportunity of a family relationship is being interpreted as "keeping families together at all costs". This is not the intent of legislation, but it appears to be the interpretation followed by some social workers. The result, in practice, can be a reluctance to protect children when they may be genuinely at risk.

The need to protect children has renewed advocacy efforts of a number of groups in Winnipeg. Opposition members of the Legislature, the Ombudsman, the Child Protection Centre, Ma Mawi Wi Chi Itata Centre, Inc., the Physical and Sexual Abuse Committees, and to some extent, mandated Native Child and Family Services Agencies, all advocate for children largely on a case by case basis.

A range of structures and approaches are employed to effect their efforts. For example, the office of the Ombudsman has formalized its advocacy role through the creation of a children's desk. It is staffed by an officer who responds to children's concerns in general. At the writing of this report, the children's desk was in receipt of some 22 complaints involving children directed at Child and Family Services Agencies.

Other groups undertake more ad hoc measures to carry on their advocacy roles. These range from discussing a case situation with the social worker, their supervisor, or agency executive director; contacting the Director of Child and Family Services; calling the Minister of Community Services; or involving the news media.

Advocates operate with two, and sometimes conflicting, contexts:

1. Acting in the best interests of the child only.
2. Mediating the best interests of the child with familial, linguistic and cultural interests.

Under the former context, advocates echo a common theme - apprehension and placement. Whereas, under the latter context, advocates might propose further work with the family, providing additional family supports, or placing the child within a culturally similar family.

Clearly, there is a need for advocacy within the child and family services system. However, the current practice of advocacy on a case by case basis ensures that the advocates will "never see the forest for the trees". Advocacy should be carried on at two levels: a case-specific, procedural level and a wider systemic level.

At the case-specific level, advocates should consider whether a particular intervention was appropriate, the worker was competent to provide that intervention, adherence to procedures and standards was proper, and generally, the system acted reasonably. At the wider, systemic level, advocates must be aware of the impact of poverty, unemployment, poor housing, limited education and other social problems which impact upon family functioning and are often beyond the control of one social worker or his/her Agency. Effective advocacy must incorporate both levels.

The Child Protection Centre is involved in both levels of advocacy, although the majority of the efforts are case-specific. Research is conducted on the basis of extensive case information collected over time and has allowed staff to publish findings with wider application. The Child Protection Centre can also advocate through its network of "Friends of the Child Protection Centre". Currently, patrons and members of the Child Protection Centre receive information about the issues and trends in the field of child protection. Their potential as a civic or community-minded body that is involved in a formal relationship with Child and Family Services could be explored. The increasing complexity and difficulty of the cases combined with their rising number per year would be ample reason for the establishment of a formal board that would support the Centre in its efforts and act as a community participant in the issues and controversies in child protection.

Within these two levels, it is the rightful role of advocates to "bird dog" the system. At present, there is a perception by government and Child and Family Services Agencies that the system is too adversarial - that conflict is a sign of pathology and should be minimized. Great amounts of time and energy are expended trying to gain consensus around issues where the achievement of consensus may not be realistic.

Effective advocacy assumes conflict to be a normal and healthy part of systemic functioning. Nevertheless, advocates must be clear on their motives. It is evident that much of current advocacy efforts emerge from the guise of offering consultation to Agencies. Case information is tendered in confidence but then becomes public and is used to indict the system. Individuals and organizations must decide whether they are advocates or consultants. They cannot be both.

Third Party Assault

Both the Child and Family Services Act and guidelines for practice established by the Child and Family Support Branch focus upon intra-familial abuse as a primary area for Child and Family Services Agency intervention. "Third Party Assault" is identified in the guidelines and is defined as abuse which occurs outside the family and is subject to:

a) police investigation;
b) referral to an appropriate agency for service;
c) reporting of the incident to the central abuse registry.

Third party assaults are problematic to the child and family services system for several reasons. The foremost of these concerns is its definition. While neighbours and total strangers to a family are readily classified as "third party" in abuse cases, the classification of distant family relatives and those acting in "loco parentis" is less clear. For example, the Child Abuse Unit at the Winnipeg City Police broadens the definition of "intra-familial" to include those who act or have acted in a position of trust in regard to a child. Teachers and regular baby sitters probably would not be considered third party under this definition.

Conversely, Child and Family Services Agencies tend to narrow their definition of "intra-familial". Extended family members are more apt to be classified as "third party". Some Agencies, such as Child and Family Services of Central Winnipeg have drafted protocols for handling third party assaults but have not resolved the issue of definition.

Currently the Provincial Advisory Committee is redefining child abuse with the intent that "intra-familial" and "third party" would no longer be useful distinctions.

A second problem pertains to families who are victims of third party assaults. Although the Child and Family Services Act encourages families to seek support and counselling from a Child and Family Services Agency, section 9 (1), many families are reluctant. There is a fear that they may become viewed as neglecting parents by the statutory Agency. As a result, the Family Support Project has been established to provide support and counselling to child victims and their families. It is located within the Child Protection Centre and is funded under the Core Area Initiative.

A third problem exists with the counting of third party assaults within child abuse statistics compiled by the Province. Provincial abuse statistics are almost totally intra-familial.

Thus, Manitoba does not present an accurate picture of all abuse cases. Provincial statistics are always lower than those of the police or Child Protection Centre.

COURT PROCESS

Child abuse cases are conducted in either the criminal courts or the Unified Family Court. The sufficiency of evidence and the extent to which evidence is corroborated are key determinants for matters proceeding to criminal court. In the criminal courts, guilt must be proven "beyond the shadow of a doubt"; whereas, in the Unified Family Court, decisions are handed down based upon "a balance of probabilities". Efforts of the police and crown attorneys are necessary to deal with child abuse in the criminal court, while the efforts of a Child and Family Services Agency, through its social workers and legal counsel, are required to deal with child abuse in the Unified Family Court.

Information provided by the Crown Attorney's office reveals that approximately 70% of child abuse cases proceeding through criminal court result in a conviction. Where there is not sufficient evidence to proceed to criminal court, the Child and Family Services Agency involved may choose to deal with the matter in family court.

Within both court systems, the volume of cases and manual recording make information retrieval very difficult. However, data collected by the Unified Family Court in Winnipeg for 1986 provides the following "snapshot":

Number of applications filed in court	1473
Number set for pre-trial conferences	98
Number of trials actually held	23

Most applications for Child and Family Services Agency guardianship are either withdrawn or an agreement is reached with the parents over a treatment plan, typically via a Voluntary Placement Agreement (VPA). Only 23 cases were contested and proceeded to trial.

Data compiled by the Planning, Research and Evaluation Branch of the Attorney General's Department over an earlier period (July 1, 1984 - June 30, 1985) note the following outcomes of child protection cases in Unified Family Court compared to the rest of the Province:

	WINNIPEG	MANITOBA
Permanent Order	4%	7%
Temporary Order	16%	28%
Order of Supervision	0	2%
Application Withdrawn	69%	52%
Transfer to other Court	9%	10%
Unknown	2%	1%
	100%	100%

Applications laid in family court must adhere to strict time lines. Once a child is apprehended, a Child and Family Services Agency must file an application with the court within 4 juridical days. Thereafter, a court hearing must be held within 30 days. A judge can grant an extension beyond the 30 day limit if either the Agency or family are not prepared and request an adjournment.

Once the parties are ready to proceed, two pre-trial hearings occur. During the first, the Child and Family Services Agency explains to the family and the court why it has apprehended the child. The parties then advance their respective plans for the child. An adjournment is granted to allow each party to determine the appropriateness of the other's plan. By the time of the second hearing, most cases are resolved and disposed of through the consent of the parties. Only a small number of cases remain contested at this point and proceed to trial.

In the Unified Family Court, there are two child protection dockets weekly, with approximately 30 cases per docket. In St. Boniface, there are two child protection dockets per month, each containing about 15 cases. Child and Family Services Agencies are perceived by the court as being no different than any other litigant appearing before it.

Social workers cite time spent "waiting for court" as one of their frustrations. Scheduling improvements could alleviate some of the waiting time. For example, in one family court, all litigants are requested to appear for the same starting time, but the first hour is taken up by non-child protection matters (separation agreements, divorces and private custody arrangements.) Backlogs also tend to occur over the summer months.

Similarly, the court notes that frequently Child and Family Services Agencies are not anxious to move quickly once involved in the court process. There is a perception that because the child has been apprehended and is temporarily in a place of safety, this is sufficient action for the time being. Active case planning does not automatically occur with each apprehension. Furthermore, planning can be delayed by an inability to: quickly obtain an assessment, access therapy resources, coordinate other agencies, or gain the cooperation of the family and extended family.

Within the criminal court system, scheduling changes could also minimize delays. If all the accused in child abuse cases were granted custody dates for trial, the court process would be shortened. ("Custody dates" are trial dates priorized for alleged offenders being held without bail and are intended to minimize pre-trial incarceration.) One benefit of a shorter court process could be less trauma for the victim.

Although the criminal courts and Unified Family Court deal with child abuse, they operate as very separate entities. It is noteworthy that there is no structured, ongoing communication and information sharing between the two systems.

RECOMMENDATION: THAT THE ATTORNEY GENERAL REVIEW THE CURRENT PRACTICE OF SCHEDULING CHILD PROTECTION HEARINGS IN THE UNIFIED FAMILY COURT TO REDUCE THE "DOWN TIME" OF SOCIAL WORKERS.

RECOMMENDATION: THAT CHILD AND FAMILY SERVICES AGENCIES EXPEDITE MATTERS IN THE UNIFIED FAMILY COURT BY ENSURING EARLY AND THOROUGH ATTENTION TO CASE PREPARATION.

RECOMMENDATION: THAT THE ATTORNEY GENERAL GRANT CUSTODY DATES TO ALL ACCUSED REMANDED IN ALLEGED CHILD ABUSE CASES.

TRAINING

The lack of training opportunities is universally echoed by social workers and supervisors as a particular problem since the implementation of regionalization. Their main criticism in this area is levelled at the Child and Family Support Branch for not implementing a comprehensive training package either prior to or on April 1, 1985.

The Child and Family Support Branch provided Agencies funding for staff training. Allocations for 1985-86 included $14,000. each for Northwest and Central and $8,000. each for

Northeast, Eastern, West and South, specifically to support training related to regionalization. General staff training funding was made available based upon a formula of $155. per E.F.T. adjusted to inflation:

TOTAL STAFF TRAINING ALLOCATION
CHILD AND FAMILY SUPPORT

AGENCY	1985-86	1986-87
Northwest	$ 22,561.	$ 9,514.
Central	22,851.	9,708.
Northeast	12,954.	5,309.
West	13,315.	5,929.
South	12,307.	4,929.
Eastern*	10,063.	2,306.

*for St. Vital only.

A review of Agency financial statements for the year 1985-86 reveals that West spent in excess of the Support Branch's training allocation; all other Agencies spent well below their allocations. The following table compares staff training expenditures as a percentage of total Agency expenditures:

AGENCY	TOTAL EXPENDITURES	STAFF TRAINING	%
Northwest	$ 4,074,009.	$ 6,311.	.15
Central	3,967,887.	15,476.	.39
Northeast	2,356,364.	5,698.	.24
West	2,286,429.	25,473.	1.1
South	1,944,078.	3,244.	.17
Eastern	4,062,553.	6,406.	.16

Monies not spent in 1985-86 were carried forward to the current fiscal year. This was partly a consequence of Agencies not being able to define and respond to training needs within the first year of regionalization. The training response has tended to come in the 1986-87 fiscal year.

Agencies respond to training as they see fit. This usually involves a brief, one to three day orientation acquainting the social worker with staff, files, and forms. Thereafter, they are given a caseload; in most instances, a small one, and may be paired with another Agency social worker or work closely with the supervisor for consultation purposes. However, it is not long before they are expected to be functioning at "full capacity".

An analysis of Agency staff profiles for supervisors and social workers indicates that the highest proportion of newer, less experienced social workers are in Central and West.

TABLE I

EXPERIENCE BY REGION - OCTOBER, 1986

	NE	NW	S	C	W	E
Supervisors:						
Avg. yrs. exp.	8.3	14.6	13.7	11.8	12.0	15.5
Number on staff	3	5	3	5	3	5
Social Workers:						
Avg. yrs. exp.	6.9	8.6	11.9	4.0	5.3	7.7
Number on staff	22	49	18	42	23	47
% Social Workers Yrs. exp.=2 or less	13.6	28.5	0.0	54.7	56.5	18.9
Number on staff	3	13	0	23	13	7

What is not clear is the combination and types of training and experience required to deliver child and family services effectively. Within Agencies, the following training needs have been identified by social workers:

1. orientation
2. intake
3. assessment

Treatment skill development is raised as well, but within the context that few workers have time to initiate treatment. The treatment training issue is further complicated by lack of consensus on just which therapy modality works best.

Supervisory training is also an issue within Agencies as management skills are uneven across the system. It is evident that where supervisors indicate a lack of knowledge in a variety of program areas and present the image of being overwhelmed, these similar traits are displayed by their staff. Supervisors face the added responsibility of all aspects of office management, for which many are not prepared. The office management functions erode the time available for supervision or case management. Moreover, regions are at different stages in developing job descriptions and performance evaluation techniques, complicating the ability to evaluate and supervise staff where such objective measures do not exist.

The levels of training and competence for Board Members vary across the system. For some people this is their first experience on a board and others are seasoned professionals with many years of experience. Given the critical role that the Child and Family Services Agencies play within our province, it is extremely important that these Boards are adequately skilled.

RECOMMENDATION: **THAT $8,000. PER ORGANIZATION BE MADE AVAILABLE FOR THE PURPOSE OF BOARD TRAINING.**

This would allow each Agency to purchase the services of a specialist in the area of decision-making within non-profit organizations. The amount specified would pay for approximately 15 days work, including travel and expenses. The Boards should make their own choices of advisors and may decide, in fact, that they have sufficient skill at present and have no wish for further training. However, a modest expenditure of this sort could potentially have a considerable effect upon the current child and family services system.

Three levels of training responsibility can be identified: the Agency, the Child and Family Support Branch, and post-secondary institutions. Agencies must respond to training at two levels: orientation for new staff and retraining or continuing education for existing staff. Such response will require Agencies to develop in-house training, to access programs offered by the Child and Family Support Branch, and to purchase services from post-secondary and treatment institutions and private therapists.

At minimum, Agencies should be able to provide sufficient orientation to allow new staff to gain familiarity with the philosophy, operation, programming and resources of an Agency. New staff should also expect regular consultation with supervisors and experienced staff, particularly around decision points in an abuse response. Thereafter, the training needs of all staff require assessment with appropriate support for continuing education opportunities. One specific group which requires immediate training attention at this level is supervisors.

RECOMMENDATION: THAT ALL NEW SOCIAL WORKERS HIRED BY AN AGENCY BE PAIRED WITH AN EXPERIENCED WORKER FOR A SIX MONTH PERIOD TO ENSURE DAILY CONSULTATION AND SUPPORT.

RECOMMENDATION: THAT AGENCIES CONDUCT TRAINING NEEDS ASSESSMENTS OF ALL STAFF AND OFFER TRAINING OPPORTUNITIES CONSISTENT WITH NEED.

RECOMMENDATION: THAT AGENCIES DEVELOP A COMPREHENSIVE TRAINING PROGRAM FOR ALL SUPERVISORS.

While the Child and Family Support Branch has provided Agencies funding for training, it has yet to implement an integrated program to meet training needs at a system level. Prior to regionalization, training needs were identified in two areas:

1. Orientation and training pertinent to staffing all services in the new system.
2. Relationships with existing employment training programs to train affirmative action target groups.

The Support Branch's training response was operationalized in September of 1986. Two trainers specializing in child abuse were hired; however, there is no indication that a comprehensive training program will emerge within the near future. The delay in implementing a coordinated training program has been a serious weakness of the new system.

The Child and Family Support Branch must reexamine its current response to training and determine its appropriate role. Both Ontario and Saskatchewan continue to offer three week orientation courses to Child and Family Services workers. All new staff are expected to complete these courses. They are designed to impart core knowledge in Child and Family Services program areas. In Ontario, the orientation is offered by the Ontario Association of Children's Aid Societies; in Saskatchewan, it is offered by the Province.

RECOMMENDATION: **THAT THE CHILD AND FAMILY SUPPORT BRANCH DEVELOP A COMPREHENSIVE ORIENTATION TO CHILD AND FAMILY SERVICES TO BE OFFERED SEMI-ANNUALLY.**

RECOMMENDATION: **THAT THE CHILD AND FAMILY SUPPORT BRANCH PROVIDE AGENCIES WITH ADDITIONAL RESOURCES TO ENSURE CASE COVERAGE FOR STAFF ATTENDING ORIENTATION.**

A variety of institutions outside the service delivery level also have an impact on training. Foremost is the School of Social Work. There is wide agreement from social workers within Child and Family Services that the School is not providing training in areas pertaining to child abuse sufficient to meet the demands of their jobs. Social workers from either New Careers or Winnipeg Education Centre tend to have more "hands on" training in child abuse than their counterparts from the Fort Garry Campus. More child abuse content in courses is an urgent requirement.

The School of Social Work is but one of several faculties cited as not providing sufficient education around child abuse. Teachers indicated that within the Faculty of Education, there are few references to child abuse. Discussion of the topic is limited to one or two professors who have an interest in this area and include it as a component in their courses. At present, the Faculty of Education is actively reviewing its curriculum with the intention of adding more child abuse components to courses.

Within the Faculty of Medicine, child abuse detection, assessment and immediate management is now being given some attention by the specialties of family practice and pediatrics. Two hours of training are included in the undergraduate medical curriculum. All residents in pediatrics are required to take a one month rotation in child protection. However, there is no consensus as to the role medicine should play in follow-up therapy for issues related to sexual abuse.

The School of Nursing offers approximately 12 hours of course content around the identification and treatment of child abuse. It is possible that student nurses would gain additional exposure to child abuse during their field rotation through Public Health. The Faculty considers this sufficient preparation.

Day care worker training programs are offered at both Red River Community College and the University of Winnipeg. Because of the time constraints, the Review Team did not meet with program instructors from Red River. The Team did meet with staff from the University of Winnipeg and were advised that discussion of child abuse occurs in several courses. Use of local experts for presentations is also encouraged.

Much of the training around child and family issues is offered by Continuing Education at the University of Manitoba. Many social workers access these courses and workshops, but they are critical of their high registration costs. In some Agencies, social workers are allocated an annual amount for training. The registration fee for one weekend workshop sponsored by Continuing Education can consume most of their training allowance.

Since so many disciplines are potentially involved in the abuse process, some sharing and coordination of training and education is required. Notwithstanding the current claims of faculties over the sufficiency of child abuse content or difficulties associated with increasing such content, more is needed.

RECOMMENDATION: THAT THE SCHOOL OF SOCIAL WORK REVIEW ITS UNDERGRADUATE CURRICULUM FOR THE PURPOSE OF PROVIDING MORE EDUCATION AND TRAINING SPECIFIC TO THE ISSUE OF CHILD ABUSE.

RECOMMENDATION: THAT EDUCATIONAL INSTITUTIONS WHICH TRAIN FIRST RESPONDERS TO ABUSE, REVIEW THEIR CURRICULA TO INCREASE THE AMOUNT OF EDUCATION AND TRAINING AROUND THE ISSUE OF CHILD ABUSE.

RECOMMENDATION: THAT THE PROVINCE AND THE DISCIPLINES TRAINING FIRST RESPONDERS PARTICIPATE IN THE DEVELOPMENT OF AN INTEGRATED MULTIDISCIPLINARY TRAINING PROGRAM FOR CHILD ABUSE.

As discussed in Section IV, the Child Protection Centre could become a valuable training resource for all first responders to child abuse. It offers the potential of training in both diagnosis and treatment. Contracting for the provision of training services to the child and family services system would be an appropriate role for the Child Protection Centre, given its expertise and stature in dealing with child abuse in Manitoba.

An effective response to child abuse demands adequately trained staff across disciplines. Training needs, it appears, currently lag behind the priority of providing service. Yet, a critical part of service quality is derived from the training and expertise of staff. One cannot be attained without the other.

SECTION X

JURISDICTIONAL CONFLICT BETWEEN THE AGENCIES AND THE DEPARTMENT

A significant problem exists within the current system in that the duties and powers of the Director of Child and Family Services as conveyed by sections 4 (1) and 4 (2) of the Child and Family Services Act are, in practice, in conflict with the activities of the Boards of the Agencies specified in sections 6 (10) and 7 (1) of the Act. The current system has created a decentralized delivery mechanism which is premised upon a centralized authority. In effect, the Agencies have only such powers as the Province chooses to delegate to them at any point in time and this authority can be revoked at the pleasure of the Department of Community Services.

While it would be politically impractical for any government to tamper with this mandate on the basis of whim, the current arrangement has at least two unfortunate consequences. The Agencies are expected to provide full and adequate services without the ability to make all relevant decisions and provincial officials are very often occupied with case-related activity to such a degree as to make it difficult for them to perform other essential functions. There are a number of parts of this report that attest to these facts, particularly those concerning management information systems, financial management service delivery and client appeals.

A regionalized delivery system is premised upon the expectation that a local organization is best able to make decisions concerning a particular case. This derives from the fact that the Agency is more able to sustain roots in its community than a centralized entity and to become expert in matters relating to the culture and institutions of this community. This is a reasonable proposition on the face of the matter and our experience during this review has confirmed that the Agencies have developed this expertise to a substantial degree.

However, the potentially parochial attitudes of the local organization must be countered by another view which sees the issues in a more broad context. In addition, within Canada's federal structure, money is most efficiently and effectively raised through national and provincial taxation. Since the two senior levels of Government are directly involved in this fashion, they have the obligation to be accountable for this money, and while the Federal Government is involved in funding these activities through the Canada Assistance Plan, the constitutional responsibility for dealing with social services lies with the Province. In consequence of these realities, the Provincial Government is the only location where planning can be carried out for the total provincial system and a major focus of this activity must be the maintenance of standards of performance throughout the child and family services system.

The conflicting roles and obligations of the Province and the Child and Family Services Agencies result in a needlessly complex administrative system for child and family services in Manitoba. The Province's continuing involvement in the day-to-day operations of the Agencies has had a serious negative effect on service and resulted in increased costs. It is possible to operate a viable centralized system and it is possible to operate a viable decentralized system, however, a combination of the two will result in an expensive and inefficient delivery mechanism. It is fundamental to virtually all theories of management that the roles and purposes of organizations and individuals must be clearly delineated in order for them to be able to perform their functions properly. The joint jurisdiction that characterizes the current administrative structure violates this elementary operating rule.

As the current structure is not functioning adequately, the Government needs to decide whether they wish to terminate the use of community boards and administer this system through the Department of Community Services or whether they wish to continue with the community-based system. The Review Team is of the opinion that the Government should take such steps as are required for the further development of the community-based system. It is only through these means that we can ever hope to have a significant impact on such issues as prevention and improved family functioning. Whatever the problems are which have been encountered with the emergence of this system, it is of considerable importance to the future of our province that the system continue to develop and improve. While these are serious matters of concern to all of us, they are also the product of an improving system. The ability of the new structure to find cases is much improved over the previous one and although there are severe difficulties, the problems are soluble. A return to a centralized system, while appealing in its simplicity, would be an error. Indeed, it has been striking that, in the course of this review, not a single person has proposed this alternative. The attention of the service community in Winnipeg is devoted to questions of how to improve the present structure rather than a return to earlier patterns.

It follows that a new pattern of work responsibilities and relationships must be established between the Agencies and the Province. In brief, we suggest that, in a decentralized structure such as the Winnipeg child and family services system, the day-to-day operations should be under the control of the local Agency to the maximum degree which is feasible. The central body should bear the primary responsibility for establishing standards, appropriating money to fund the apparatus, evaluating the local organizations to ensure that standards are met, carrying out overall system planning, conducting system wide research and for the coordination of the many parts of this complex structure. Conversely, the Province should only be rarely involved in individual case matters when existing policy is inadequate for the purpose at hand.

In the course of this review, Team members have observed that a considerable amount of time is devoted by provincial staff to case discussions and other matters which are properly within the jurisdiction of the Agencies. There seems to be considerably more interest and expertise within the provincial system devoted to casework rather than matters of planning and central administration. This would seem to be a partial explanation for the relatively undeveloped state of such central functions as the creation of a management information system. Indeed, there is virtually no functioning data system that will permit planning to be done. Whenever the Review Team has requested statistical or financial data from the Department, they have been exceedingly slow in producing this material and it has routinely been done incorrectly. Even given all possible allowances for difficulty with the operation of a new system, the current lack of planning capacity within the Child and Family Support Branch is a critical flaw and must be rectified immediately. In addition to the obvious problems that this creates, there is some reason to be concerned that Manitoba is not receiving full advantage of Federal-Provincial cost-sharing as a consequence of inadequate administrative work on the part of the Department of Community Services.

It is also essential that the Department be able to coordinate child and family services. This is particularly difficult in a jurisdiction such as Manitoba where the population is widely scattered and half of the population is concentrated in one city. There is a chronic problem with maintaining a balance between urban and rural services and ensuring that there is a comparable level of service throughout the province.
Coordination does not imply that all services are operated from a

central office but rather that the Province devotes considerable staff time to ensuring that adequate resources are distributed throughout Manitoba and that future development is carried out in a manner that is consistent with the principle of equity.

The Child and Family Support Branch has grown considerably in recent years and it currently has been allocated a total of 46 staff positions. While the Review Team's work has only dealt with a part of the function of the Branch and only within the City of Winnipeg, it is not apparent that the increased resources which have been allocated to Child and Family Services have resulted in a corresponding increase in output. In consequence of the problems that are evident in this area, it is critical that the Minister of Community Services act to ensure that the provincial system is able to perform the appropriate planning and administration tasks for this system in an adequate manner. When the Department reviews the activity of this Branch, consideration should be given to transferring staff positions from the Branch to Agencies.

RECOMMENDATION: **THAT THE GOVERNMENT OF MANITOBA ACT TO AFFIRM THE DESIRABILITY OF A COMMUNITY-BASED CHILD AND FAMILY SERVICES DELIVERY SYSTEM.**

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES ACT TO ENSURE THAT THE RESPONSIBILITIES AND ACTIVITIES OF THE CHILD AND FAMILY SERVICES AGENCIES AND THE DEPARTMENT OF COMMUNITY SERVICES ARE ALLOCATED IN SUCH A MANNER AS TO MINIMIZE DUPLICATION OF ACTIVITY AND TO IMPROVE THE EFFICIENCY AND EFFECTIVENESS OF THE CHILD AND FAMILY SERVICES SYSTEM.

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES ACT TO ENSURE THAT THE DEPARTMENT OF COMMUNITY SERVICES, CHILD AND FAMILY SUPPORT BRANCH, IS ABLE TO PERFORM THE APPROPRIATE CENTRAL FUNCTIONS FOR THE MAINTENANCE AND ENHANCEMENT OF THIS SYSTEM.

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES ALLOCATE VACANT EFT'S WITHIN THE CHILD AND FAMILY SUPPORT BRANCH TO THE AGENCIES.

FINANCIAL MANAGEMENT

The question of financial management requires particular attention as there is evidence that this is a critical problem. The current system gives the Agencies control of their service and administration budget and the control of the child maintenance budget remains with the Department. Thus Agencies can make their own decisions concerning the number and kind of staff that they hire and basic administrative issues, but the Department must approve all expenditures concerning treatment and sustenance costs for children in care.

One example of the problems that occur as a consequence of the present arrangements happens when an Agency wishes to place a child. If a resource costs up to, and including, $30.00/day, the Agency can make this decision on its own. If the cost is more than $30.00/day, but less than $50.00/day, then the decision must be made by the Director of Child and Family Services. If it exceeds that cost, then the decision must be made by the Minister of Community Services. One would be hard pressed to imagine a more cumbersome system.

In consequence of these procedures, the Agencies are in an untenable position as they are obliged to account for their budget and the behaviour of their staff but they are not able to make decisions which are essential to the functioning of their organizations. This reflects the ambivalence that underlies the Child and Family Services Act. It aims to create a regional system but constrains the regional bodies severely, premised upon the assumption that the Province must possess a day-to-day veto power to ensure the integrity of the system. The result is that a large number of acts must occur, at different levels of the structure, to process the decisions concerning a child in care.

It has been argued that most requests from Agencies are pre-approved and that they are able to proceed with confidence that their requests will be met. The obvious response to this opinion is that if the approval is more or less automatic, it is unnecessary. There must be a better use for staff than processing material in a ritualistic manner. What is clear, however, is that this manner of reaching decisions is both slow and expensive.

There is an additional problem as the current method of administering the child maintenance budget provides an incentive for the Agencies to use the highest cost option as a means of dealing with cases. If a worker is able to place a child in an institution, they can be reasonably certain that the child will be safe and well cared for, and the cost will be assumed by the Government. If they choose to work with the child in the context of the family, the costs will be absorbed within the Agency budget. One would expect that this type of incentive would result in a system where there is a tendency to utilize expensive institutional resources and where preventative work and activity aimed at assisting families to resolve their problems and care for their children properly is comparatively absent. The data and opinion that are available to this review indicate that this is currently the case with the system in Winnipeg.

If individual organizations are unable to control their spending then it is difficult for them to handle other parts of their work effectively. The Review Team is aware that the present system exists in order to ensure financial accountability, however, other means must be sought that will fulfill this requirement in a more efficient and effective manner than the current system. There is little point in using rigid procedures as a substitute for adequate data to provide an accurate basis for the analysis. The present financial management arrangements act to frustrate the intent of the Act to achieve a community-based, preventative child and family services system. A global budgeting plan would be more likely to achieve these ends.

In this situation, global budgeting means that both the service and administration and the child maintenance budgets should be under the day-to-day control of the regional Agencies. This will permit them to make all of the important decisions concerning a particular child within a context defined by the Province.

A number of people have argued that the Child and Family Services Agencies would have been in a worse financial situation than they are at present if they had been working from a global budget as the Province has covered cost overruns. The inaccuracy in previous budgetary projections is a consequence of an inadequate data system and an unforeseen increased case finding ability as a result of the creation of the new system. It would seem more reasonable to improve the methods of making projections rather than to continue an inappropriate and expensive method of funding child and family services.

The Agencies should be funded by the Government through the mechanism of a precise and detailed contract. The standards of care to be used by the Agencies, the amount of their annual budget, the scope of their responsibilities and the methods by which they will be evaluated should all be explicitly stated within this document. In addition, the commitments of the Government and the means by which the parties will resolve disputes concerning the contract should also be specified.

The contracts should be negotiated annually by the Government and a committee composed of two representatives from each the Child and Family Services Agencies. These negotiations should produce a model agreement and the budget amounts for each of the Agencies as well as the other items which are required to complete the agreements. Individual Agencies may then wish to negotiate particular items which are unique to their situation. Once these contracts were in place, they would provide a basis for improved coordination as the roles and commitments of the different parties to the agreement would be specific and understood by all parties.

The Government would be able to improve the accountability of the system by an increased ability to relate expenditures to programming and would be able to guard against cost overruns through the provisions in the contract concerning maximum expenditures. If the Agencies are able to have improved control over their spending, they will have more flexibility concerning programming and should be able to make some immediate progress concerning preventative services to families. In the event that Agencies did not think that the Government was providing adequate funds to operate these services within their area then they would be able, as a last resort, to refuse to sign a contract to deliver these services. Were this to happen, the obligation to provide the services would revert to the Government.

In brief, if a global system were implemented through the means of an annual contract, then there should be cost efficiencies, an improved ability to plan and a greater emphasis on preventative programming as a consequence of these changes.

As it will take a considerable amount of work to bring about these changes, it is important that the process begin in the immediate future. As a first step, the Province should convene a meeting with the Boards of Directors to explore these ideas. The initial meeting should be intended as a means to create a common understanding of the proposals and their implications for the work of these organizations. This meeting should also have the purpose of finding a mutually acceptable means for pursuing these ideas.

RECOMMENDATION: THAT THE CHILD AND FAMILY SERVICES AGENCIES BE GLOBALLY FUNDED.

RECOMMENDATION: THAT THERE BE AN ANNUAL CONTRACT NEGOTIATED BETWEEN THE CHILD AND FAMILY SERVICES AGENCIES AND THE GOVERNMENT OF MANITOBA THAT DEFINES THE LEVEL OF FUNDING, THE SCOPE OF THE SERVICE AND ALL OTHER CONDITIONS THAT ARE IMPORTANT TO THE OPERATION OF THIS SYSTEM.

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES CONVENE A MEETING WITH THE BOARDS OF DIRECTORS OF THE CHILD AND FAMILY SERVICES AGENCIES TO DISCUSS THE IMPLICATIONS OF GLOBAL BUDGETING AND TO AGREE UPON A MEANS TO PURSUE THESE IDEAS.

CLIENT APPEALS

There are currently a significant number of appeals from clients which are being handled through the Ombudsman's office and the Director of Child and Family Services. In addition, some of these have reached the Minister of Community Services. This is a very expensive and cumbersome set of methods for dealing with problem resolution.

It is taken as a fundamental premise of this report that each person has a right to a full and competent review of their problem and that they should be able, as a matter of course, to have access to a process which is both fair and expeditious. It is difficult to conceive of a question which is more important than the custody of children and the appeal system should embody the seriousness of the issue.

An anomaly in the current situation is that the critical actors in the system, the Boards of the Child and Family Services Agencies, are not significantly involved in the appeal process. In an analogous situation, such as a School Board, the elected representatives play the major role with regard to this activity. The inevitable result of this situation is that the importance of Regional Boards is lessened. If they are to function as the key decision-makers in their community, it is vital the Boards deal effectively with client dissatisfaction.

The current situation is the outcome of overlapping responsibilities between the Boards, the Director of Child and Family Services, the Ombudsman and the Chief Medical Examiner (Provincial Coroner). The powers of the Director of Child and

Family Services are specified in the following sections of the Child and Family Services Act.

Section 4 (1)(f):

> *Under the control and direction of the minister, the director shall receive and hear complaints from any person affected by the administrative actions of an agency.*

Section 4 (2)(d):

> *For the purpose of carrying out the provisions of this Act, the director may establish boards to hear complaints under clause (1)(f).*

As is evident, the Director has both the authority and the obligation to attend to appeals. The ability to delegate this function is explicit within these powers and is also articulated in the following section.

Section 4 (3):

> *The director may, in writing, authorize a person or an agency to perform any of the director's duties or exercise any of the director's powers and may pay reasonable fees and out-of-pocket expenses therefor.*

The duties of the Director of a Child and Family Services Agency are stated in section 7 (1) and their powers in section 6 (10) of the Act.

Section 6 (10):

> *Subject to this Act, the directors of any agency shall (a) exercise the powers of the agency directly or indirectly through the employees and agents of the agency; and (b) direct the management of the business and affairs of the agency.*

It would seem reasonable that any appeal should be resolved at the level of the community agency if the principles of the Act are to be put into practice. Section 10 of the Declaration of Principles of the Act states that:

> *Communities have a responsibility to promote the best interests of their children and families and have the right to participate in services to their families and children.*

The Review Team would thus recommend that the Boards of the Child and Family Services Agencies create explicit appeal procedures that will deal with the majority of client appeals both equitably and quickly. The normal route would be for the client to first discuss the disagreement with the worker in question. If this fails to bring satisfaction, they should make their case known to the worker's supervisor and the next step would be to meet with the Executive Director.

If the client is still not satisfied with the decision, they should have the right of appeal to a committee of the Board of Directors. This committee should be composed of three Board members, elected in the same manner as other Board committees, who are empowered to perform this function. If the information in question is made available to the Board members at the request of the client, there is no issue of confidentiality here as the client is revealing information about themselves at their own volition. It would be expected that the Board members would observe the usual conventions concerning confidentiality and that there would be no disclosure of the information which was discussed beyond the limits of the Agency.

It has been occasionally mentioned during the course of this review that there may be problems associated with Board members having access to information concerning clients. It would seem evident that if these people are sufficiently responsible to exert control over the budget of the Agency, they are sufficiently responsible to behave in an appropriate manner with regard to confidential information. The Review Team is not aware of any reason to believe that Board members are less cognizant of the importance of this issue than the social workers who have daily access to this information. One would expect that the normal practice of either group would not be problematic.

As the Directors would be exercising the powers conferred upon them by the Act to administer their organization, there would be no infringement of the powers of the Director of Child and Family Services. If the Director and the Ombudsman were to observe a procedure whereby they would not intervene in an appeal unless the steps which are outlined above have been followed, the three systems would be complementary. Both the Director, Mr. Ernie Hasiuk, and the Ombudsman, Mr. Gordon Earle, have indicated to us that these procedures are satisfactory. This would enable the majority of appeals to be properly handled at the local level which should result in a faster disposition of the appeals, stronger Board control over their staff and the preservation of existing rights.

These committees should have jurisdiction over all matters concerning the work of the Agency which affects the rights of clients. It is critical that they use procedures which ensure that the clients' rights are protected and that there is no punitive action directed toward a client as a consequence of their having initiated an appeal. All clients should be made aware of the existence of these committees, their purposes and the proper procedures for initiating an appeal. There is little purpose in having appeal mechanisms unless they are publicized and used appropriately.

The major limitation of these procedures is that some clients may feel that the Board members are insufficiently objective and that they will invariably support their staff. In consequence, it is necessary for there to be a further appeal procedure to ensure a dispassionate consideration of the issues. The Ombudsman and the Director of Child and Family Services have performed this role in the past. The Ombudsman has a residual function to oversee all matters within the jurisdiction of the Provincial Government and this will continue to be the case.

This type of involvement on the part of the Director has some intrinsic problems as the Provincial Government is not neutral but, rather, an active and interested party. In consequence, as the Director is an agent for the Government, it is impossible for him to perform a neo-judicial function with credibility. One would expect that the decisions of a civil servant would reflect the interests of the government. If this were not the case, he would not be performing his job properly.

There is, however, a distinct need for a neutral appeal body which will hear those cases that are not resolved at the level of the Boards of Directors. As tribunals tend to be cumbersome and expensive, it is suggested that three persons should be appointed to decide these appeals on an individual basis and that this procedure function in a similar manner to the expedited arbitration provisions of the Labour Relations Act.

The appeal panel could be appointed either by amendment of the Child and Family Services Act or by the delegation of the powers of the Director of Child and Family Services through the use of section 4 (3) of the Act. In the interests of resolving these problems in a timely manner, it is probably most appropriate to initiate this provision by using the Director's ability to delegate, and to amend the Act to provide for specific and independent authority for the panel when the provisions can be thoroughly considered and drafted in a comprehensive manner.

The members of this appeal panel should be respected members of the community who are familiar with child welfare policy and practice and, in addition, it would be useful if they possessed a working knowledge of elementary legal procedure. They would be appointed for a term of three years and they should have secure tenure for this period so as to ensure their objectivity. They should be paid an adequate amount for the time that they devote to this activity and the cost for these hearings should be borne by the Department of Community Services.

The parties to a hearing should be permitted to be represented by a lawyer if they so wish. Consequently, this work would need to be included within the coverage of Legal Aid Manitoba as many clients would be unable to afford the cost of hiring a lawyer. The person hearing the appeal should have the power to receive sworn testimony and to summon evidence when it was appropriate to the decision. The cases would be heard by an individual and the panel members would receive cases on a rotating basis. The decisions should be presented in writing. This will allow for the creation of policy and procedure in an orderly manner and will also ensure that there is a minimum of ambiguity concerning the nature of the decision.

The number of cases that would reach this level should not be excessive. It is time consuming for both parties to pursue the matter and there is little point to continuing unless they are convinced that they will win. This is seldom the case for both parties. The current experience with expedited arbitrations in Manitoba shows that cases are only rarely pursued to the extent of having a formal hearing. Once the system was established, it would be reasonable to assume that the only cases that would reach the appeal panel would be those that involved genuine disagreement and confusion.

The cost of this procedure would probably be significantly less than is currently being spent on reviewing these cases by the various organizations. The reasons for this are that there would be an incentive within the proposed system to settle the issue at the lowest level and there would be considerably less work to be done by staff of the Department to settle these matters than is the current reality.

While these issues may appear to be somewhat distant from considerations concerning child abuse, they are, in fact, intimately related to the Agencies' abilities to respond to these issues. In order for this work to be done properly, the "rules of the game" must be sufficiently well defined for people to be able to relate to each other with a significant degree of predictability and people must feel that they are being treated fairly. An effective appeal system is an essential foundation for a well functioning child care system.

In consequence of the above:

RECOMMENDATION: **THAT ALL CHILD AND FAMILY SERVICES AGENCY BOARDS ESTABLISH APPEAL COMMITTEES TO ALLOW FOR A THOROUGH REVIEW OF SERVICE COMPLAINTS.**

RECOMMENDATION: **THAT THE DEPARTMENT OF COMMUNITY SERVICES ESTABLISH A THREE PERSON APPEAL PANEL TO RESOLVE THOSE MATTERS WHICH ARE NOT SATISFACTORILY RESOLVED BY THE APPEAL COMMITTEES OF THE BOARDS OF DIRECTORS.**

MANAGEMENT INFORMATION SYSTEMS

The absence of a viable management information system is the source of considerable difficulty in the current child abuse system. Budgets are still being prepared and administered in an unwieldy fashion and the case tracking techniques are not appreciably different than those which have been in use for many years.

It has been striking throughout the course of the review to observe the problems experienced by Child and Family Services Division when responding to requests for information. The data has been slow to arrive and often inaccurate. The current data collection procedures do not permit even such simple matters as a case count to be done without considerable difficulty. Both the quantity and quality of the current information is inadequate for the purpose of operating the child and family services system.

One consequence of this situation is that staff resources are being wasted. In addition, it is inevitable that the authority of the Boards of Directors is being limited to some degree by not having access to regular computer-based information. It is exceedingly difficult for someone who is involved with this system on a part-time basis to absorb and analyze the volume of information which the organizations generate concerning budgets and client statistics.

The Department of Community Services is currently in the process of implementing a computerized system for recording individual case information. This system is being implemented on a province-wide basis in a five stage process that should be completed in 1989 or 1990. The system prototype is presently being tested in the Child and Family Services Agency of Western Manitoba.

The Review Team examined the implementation plan and viewed a demonstration of the proposed system. The Team also met with staff of Community Services responsible for designing the new information system.

There is little question that the new information system, when fully operational, will have the potential to provide staff and management with comprehensive and pertinent case-specific data. The system should allow for easy compilation of aggregate service statistics and accurate tracking of children in care and families receiving service. The focus of the proposed system is, however, exclusively on case management information. While this is certainly important, it is only one of many components that should be part of a comprehensive management information system.

The most glaring deficiency in the five stage implementation schedule is the lack of any plan to establish computer-based systems for tracking expenditures or collecting financial data for budgeting purposes. Without a financial component in the new system, Agencies will be forced to rely on rudimentary data for budget preparation and accounting for expenditures. There will also be no mechanism for relating projections and expenditures to caseloads and service consumption. If one wishes to ensure that tax dollars are being well spent, it would be useful to be able to relate expenditures to particular activities in a reasonably reliable manner. For example, it is important to compare the cost-effectiveness of differing administrative structures on a continuing basis. This will not be possible unless fiscal, service and case management information are logically linked in one computer system.

RECOMMENDATION: **THAT THE IMPLEMENTATION PLAN FOR THE NEW COMPUTERIZED INFORMATION SYSTEM BE REVISED TO INCLUDE FINANCIAL MANAGEMENT SYSTEMS.**

This should allow each Child and Family Services Agency to keep up to date records of actual expenditures, calculate projected expenditures on a regular basis and link costs with service utilization by program and on a case by case basis. The success of implementing a global budgeting system is highly dependent on each Agency having the ability to accurately collect and analyze both service and financial information.

The proposed information system does not contain provision for the establishment of a computerized list of service resources. Currently few, if any, line workers in the child and family services system are fully aware of the vast number of service agencies involved in the area of child abuse. This is especially relevant for new workers who are unfamiliar with the complexities of the various service networks. It is quite possible that in any given situation an appropriate resource is not utilized simply because a worker is not aware of its existence. There is no exhaustive list of service agencies available to assist workers in locating needed resources. As a result, a great amount of time is spent just finding and collecting basic information on resources in the system. It is not uncommon, for example, for a worker to spend 6 to 8 hours to locate a resource for one child. This could be addressed by expanding the proposed information system to include a computerized information bank of potential service providers involved in child abuse. For each service provider, the resource bank should include, but not be restricted to, information pertaining to target population, eligibility criteria, admission and discharge process, description of services provided, hours of operation and key contact persons. Quick and easy access to information of this nature should reduce the amount of time needed to make a referral. The quality of referrals and the appropriate matching of clients with services should also be improved.

This system could be administered through any one of the existing Agencies. All that would be required is that there be a contact person within the Child and Family Services Agency that a person from a service organization could call when they had information that they wished to record such as the creation of a new program or the availability of a bed in a group home. A person who was in need of a resource would be able to gain access to the information on a terminal in their office and then approach the resource organization directly. When the service was no longer available, as when a group home bed was filled and no longer available, the service provider would contact the system operator and update the data base.

While this proposal is very simple to implement, it is capable of producing considerable benefits for the system. There are, for example, usually group home beds available within the city and there are invariably staff searching for placements that would be suitable for their clients. While the beds which are available are not invariably appropriate for the particular children who are in need of residential care, there is obviously wastage within the current system which can be easily and simply rectified.

An additional benefit of the creation of a clearinghouse for this information is that new staff can be trained more quickly as they can be given a description of the existing resources and contact persons as soon as they begin their work. There will be no need for them to generate this information for themselves. This would assist new staff members to become fully competent more quickly and thus would result in increased productivity.

RECOMMENDATION: THAT THE PROPOSED INFORMATION SYSTEM BE EXPANDED TO INCLUDE A COMPUTER-BASED RESOURCE INVENTORY OF INFORMATION CONCERNING POTENTIAL SERVICE PROVIDERS INVOLVED IN CHILD ABUSE.

According to the implementation plan, each Agency will be provided with approximately one computer terminal for every four line workers. This worker to terminal ratio is too high to reasonably expect workers to keep up to date case information. Currently the manual recording of case notes and compilation of service statistics tends to fall behind due to high caseload numbers. If staff are forced to wait for access to a computer terminal before the data can be entered, a severe bottleneck is likely to occur and data will be entered sporadically. Limited access to terminals will also severely reduce the usefulness of the proposed resource inventory. If the new computer system is to function at maximum efficiency, it is imperative that it be adequately resourced. It is vitally important that each Agency be equipped with a sufficient number of computer terminals.

RECOMMENDATION: **THAT COMMUNITY SERVICES INCREASE FUNDING TO ALLOW FOR THE ACQUISITION OF ADDITIONAL COMPUTER TERMINALS FOR EACH CHILD AND FAMILY SERVICES AGENCY. THE RATIO SHOULD NOT EXCEED TWO LINE WORKERS FOR EACH TERMINAL.**

Expanding the proposed system to include financial accounting, a resource bank and increased access to computer terminals should result in many tangible benefits to the existing service system. The benefits of a functional, computerized information and budget system to individual Child and Family Services Agencies would include the following:

1. Improved Board decision-making.
2. Improved ability of staff to monitor cases.
3. Greater accountability within the organization for individual decisions.
4. The creation of a data base for internal decisions concerning the evaluation of current practices.

5. Improved access to, and monitoring of, community resources such as group homes, foster homes and homemaker services.
6. More efficient and higher quality referrals.
7. A reduction in staff time needed to locate a resource.

There would also be benefits concerning the ability of the Child and Family Services Agencies to coordinate their activities and to be of assistance to each other. One example of this would be the circumstance where a family is being monitored by a particular Agency and they move from the catchment area that is served by that Agency. A unified data system would allow the other Agencies to become aware of the previous history of that family with the system in a comparatively simple manner and thus improve their ability to make decisions and provide services to that family.

A final benefit would be the creation of a core of standardized budget and case information across the agencies which would greatly improve the ability of the Department of Community Services to monitor the activity of the system. Without this information, the ability of provincial officials to conceptualize the child and family services system as a whole is severely constrained and it is difficult to imagine how adequate planning can be carried out without data of this type.

It is predictable that a regional system will have problems with coordination and the flow of information. The larger the number of organizations that are involved the more likely it is that there will be errors as a consequence of a worker not being aware of simple information that is readily available elsewhere. This supposition has been supported throughout this study, particularly by staff of the Child and Family Services Agencies. For example, it is quite possible that a child may be placed in an unsafe foster home as a consequence of the worker who is doing the placement not having the appropriate information. It is clear, that in the absence of such a system, a significant number of children will be needlessly placed at risk in potentially abusive situations.

The problem of information sharing can be resolved for the most part by the creation of an adequate computer-based information system. As the prototype for this system is available and the consequences of failing to act to create a viable and functioning system are very severe for children, it's critical that this problem be solved without delay.

RECOMMENDATION: **THAT THE GOVERNMENT IMMEDIATELY ACT TO ESTABLISH A VIABLE MANAGEMENT INFORMATION SYSTEM FOR CHILD AND FAMILY SERVICES IN ALL AREAS OF THE PROVINCE.**

STANDARDS

Many problems within and between Child and Family Services Agencies and between those Agencies and the Child and Family Support Branch stem from a lack of well-articulated and agreed upon standards. Standards provide the potential for accountability. Conversely, the lack of standards minimizes accountability and facilitates a great deal of finger pointing. It is not clear "who is responsible for what" in the system.

Standards can be classified into three broad categories: structural, procedural, and outcome. Structural standards relate to the infrastructure required for service delivery. They involve the intent and effects of personnel policies, job descriptions and effective utilization of staff. Procedural standards refer to agreed upon steps necessary in delivering services to a client, group or community. Outcome standards pertain to mechanisms which monitor and measure a desired intent of service. These may be systemic, such as fewer high risk cases over time, or client-oriented, such as the achievement of a specified level of functioning.

Within Community Services, the Director of Child and Family Services is empowered under the Act to ensure the development of service standards and practices to be followed in providing services to children and families - section 4 (1)(d). To do so, he may issue a written directive to the Agency - section 4 (2)(g). In return, the Agency must conform to a written directive of the Director - section 7 (1)(p). There have been twenty directives issued to which, in theory, all Agencies must abide. To a large extent, the writing of directives is a laborious process, heavily dependent upon input and consultation from the child and family services system.

Less clear are guidelines, which are also issued by the Director. Unlike regulations, which are extensions of the Act, guidelines are more "suggestions for good practice". They are standards statements and are now being issued because of a lack of standardized practice across the system.

Guidelines are quite troublesome to the Child and Family Services Agencies. In addition, the issuance of each new guideline causes the relationship between the Agencies and the Branch to deteriorate. Instead of simply specifying an outcome, guidelines are the steps needed to achieve that outcome. They are an attempt to force uniformity upon a system which supposedly finds its strength in regional responses to local problems. However, there are no penalties for failing to abide by a guideline. More worrisome is the fact that with each new guideline, the Branch moves closer into the realm of day to day service delivery, which is not its rightful role. The presence of program standards and accountability to such standards would obviate the need for guidelines.

RECOMMENDATION: **THAT THE CHILD AND FAMILY SUPPORT BRANCH REPLACE ALL DIRECTIVES AND GUIDELINES WITH COMPREHENSIVE SERVICE STANDARDS, WHICH SHALL BE NEGOTIATED WITH THE CHILD AND FAMILY SERVICES AGENCIES. ALL AGENCIES SHALL BE ACCOUNTABLE TO SUCH STANDARDS.**

Structural Standards

Individually, Agencies are at different points in developing and implementing personnel policies. Some have completed personnel policy handbooks, others are in the process of completion. Similarly, some Agencies have job descriptions and other Agencies are still writing them. Depending upon the Agency, personnel policies and job descriptions may be modifications of Children's Aid Society of Winnipeg policies and procedures, or they may be written to reflect an Agency's differing philosophical direction. The Child and Family Support Branch is also in the process of reviewing and revising job descriptions. Without articulate personnel policies and current job descriptions, the development, management and evaluation of staff can be seriously compromised.

RECOMMENDATION: THAT ALL CHILD AND FAMILY SERVICES AGENCIES ENSURE THAT PERSONNEL POLICIES AND JOB DESCRIPTIONS ARE UP TO DATE AND IN EFFECT BY SEPTEMBER 1, 1987.

RECOMMENDATION: THAT UP TO DATE JOB DESCRIPTIONS BE IN PLACE FOR ALL STAFF WITHIN THE CHILD AND FAMILY SUPPORT BRANCH BY SEPTEMBER 1, 1987.

Procedural Standards

Currently, there are no comprehensive procedural standards applied consistently throughout the child and family services system. These are standards that describe expected procedures that should be adhered to when providing child and family services. In 1978, the Department of Health and Social Development produced a lengthy package entitled, "Standards for Child Protective Service". These standards were written to be consistent with the Child Welfare Act in existence at that time. To date, there has been no attempt to update these standards to be compatible with the new legislation and the changes in philosophy, organizational structure and service delivery that have taken place since 1978. Instead, the Department has chosen to issue a series of process-oriented directives and guidelines.

RECOMMENDATION: THAT THE CHILD AND FAMILY SUPPORT BRANCH, IN CONJUNCTION WITH THE SIX CHILD AND FAMILY SERVICES AGENCIES, DEVELOP ONE SET OF COMPREHENSIVE PROCEDURAL STANDARDS THAT UPDATES THE 1978 STANDARDS PACKAGE AND INCORPORATES ALL RELATED GUIDELINES AND DIRECTIVES ISSUED SINCE THAT DATE.

It is a difficult, if not impossible, task to develop procedural standards that apply to all child and family services situations. It should be possible, however, to write standards that describe action steps for those situations frequently encountered in day-to-day practice. The standards can also outline step by step procedures associated with the delivery of specific services. Each standard statement should specify a maximum period of time during which the actions or procedures are to be completed. The standards should be framed to state minimum expectations, but not in so much detail that workers are unable to exercise their judgment.

Given that useful prototypes exist in Manitoba and other provinces*, developing comprehensive procedural standards should

*For example, Ontario's Standards and Guidelines For the Management of Child Abuse Cases.

take no longer than six months, including a period for consulting with the six Agencies.

RECOMMENDATION: THAT COMPREHENSIVE PROCEDURAL STANDARDS BE IMPLEMENTED NO LATER THAN OCTOBER 1, 1987.

System-wide benefits should be realized by operationalizing comprehensive and clear procedural standards. The standards will bring some consistency to a system where minimum expectations for similar work vary across six service Agencies. Well-articulated procedures will also be of benefit for line workers, many of whom do not clearly understand what is expected of them. The ability of workers to make difficult decisions will be enhanced once they are aware of the minimum requirements for a given situation. Stress on individual workers, tension between workers and management and tension between the Agencies and the Support Branch should all be reduced. Workers should feel more confident in their abilities when they are assured the standards are supported by Agency management and the Branch. In the event that something deleterious happens in a child welfare case; where the procedural competence of the individual standards have been met, it should be the procedures not the worker that is questioned.

Once agreed-upon procedural standards are implemented, senior managers and supervisors in the Agencies must be prepared to hold workers accountable for their actions. The Child and

Family Support Branch, in turn, must be prepared to hold the Agencies accountable when workers are allowed to contravene the standards. A comprehensive set of procedural standards is of little use unless it is enforceable. Workers, Agency management and the Support Branch must be prepared to take whatever action is necessary to ensure that the standards are met.

The development and implementation of comprehensive procedural standards should be a task assigned the highest priority. It is simply unacceptable for a system that is responsible for the safety of children to operate without such standards in place.

Outcome Standards

The third area related to standards involves the measurement of intervention outcomes.

There should be a set of global standards that establish parameters for determining the overall effectiveness of the service system. This requires that well-defined and measurable outcome objectives be written. The objectives should focus on desirable system-wide outcomes. One example of a system objective statement might be: "To reduce the number of children left in high risk situations". The use of a good assessment tool, such as the risk index proposed in this report, would be one way of determining whether or not the system was able to achieve this objective. Regular assessment of these system objectives could be used as a basis for developing reliable outcome standards.

RECOMMENDATION: **THAT, BY OCTOBER 1, 1987, THE DEPARTMENT OF COMMUNITY SERVICES AND CHILD AND FAMILY SERVICES AGENCIES DEVELOP A SET OF MEASURABLE OBJECTIVES TO BE USED AS A BASIS FOR DETERMINING OVERALL EFFECTIVENESS OF THE SERVICE SYSTEM.**

REGISTRY

A child abuse registry has existed in Manitoba since 1971. It is a list of substantiated and suspected child abuse victims and offenders and contains approximately 2,000 entries. As a tool within the child and family services system, the registry is useful in identifying and tracking both victim and abuser. It can play a role in helping assess family risk as well as in the recruitment of foster parents and professionals who work with children. A record to facilitate these functions is, therefore, necessary.

The nature of and access to that record is a separate proposition. Should only confirmed cases be included or should all suspected cases be listed? Should someone be formally notified that their name is listed? Finally, by what mechanism can names be removed?

Perhaps the most contentious issue relates not to how a person's name gets on or off the registry, but how the information on the registry is used by those who have access to it. There seems to be general agreement that the names of suspected abusers and confirmed abusers should be registered, but under different categories. Once registered, the key issue becomes whether a person's civil rights are unjustly compromised. For example, there is a consensus that confirmed abusers should not be allowed to work in certain occupations such as day care workers or teachers. But, what about occupations, such as police, social work or medicine? Presumably, those registered as confirmed abusers would be denied employment in day care or teaching. This practice raises some important human rights questions. Should this denial of employment be indefinite or time-limited and should this restriction also apply to those registered as suspected abusers?

An internal review of the registry has been completed and is currently being studied by the Child and Family Support Branch. It attempts to deal with many of the issues identified above. The document goes some distance in defining the need, format and operation of the registry. It also recommends mechanisms for access and expungement of names and proposes time limitations for some types of registration.

Despite these positive changes, two serious problems persist with the registry as recommended: maintenance of the "suspected" category and accuracy of the registry as a statistical tool.

The category of "not proven" has no existence in common law.

One is presumed either guilty or innocent on the basis of evidence tendered in a formal hearing. Under the proposed operation of the registry, a confirmed child abuser would be an individual convicted of or admitting to the abuse. In cases of sexual abuse only, the suspected (not proven) abuser is registered as well. "Suspicion" is derived from being charged with a criminal offence relating to the alleged abuse, or being judged responsible for the alleged abuse by the majority on a multidisciplinary team. Both confirmed and suspected abusers would be notified in writing by the reporting Child and Family Services Agency as to:

1) the fact of registration under his/her name;
2) the content of registration;
3) his/her right to confirm the content of registration;
4) the duration of registration and right to appeal.

The maintenance of a "not proven" category, though useful to a Child and Family Services Agency, can actually or potentially limit individual civil rights as guaranteed by Canada's Charter of Rights and Freedoms. Should a "suspected" sexual abuser approach an Agency for the purposes of adopting a child or seeking employment, they would likely be refused for being so registered. Treating such an individual differently, or discriminating against him/her on the basis of a suspicion which has no legal foundation is of doubtful validity. It is anticipated that the future of the registry lies as a record of confirmed abusers only. The not proven category would be nice to know but cannot be defended on legal and human rights grounds.

RECOMMENDATION: THAT ONLY CONVICTED OR ADMITTED CHILD ABUSERS BE RECORDED IN THE CHILD ABUSE REGISTRY.

Secondly, while the proposed recommendations require the registration of confirmed and suspected victims and abusers, current practice indicates that Agencies will neglect or lag behind in registration. For 1986, the Child and Family Support Branch is anticipating a registration of 422 abusers in Winnipeg. The Review Team requested Child and Family Services Agencies to total their open child abuse cases as of December 1, 1986. On that date, there were 1,035 child abuse cases open in the city.

It is not know whether Agencies are holding back registrations or are behind in the paper work required for registration. Conceivably, since the proposed changes to the registry have yet to be adopted and past practice continues, all of those cases could be registered, notwithstanding the human rights concern previously noted. Only registered cases are counted in child abuse statistics compiled by Community Services.

To be useful as a tool in the child and family services system, the registry must not only be accurate and up-to-date, it must be consulted in all situations where children could be potentially at risk. Obvious areas include the recruitment of foster parents (particularly in extended family placements) and adoption approvals. The registry must also be checked for all employees or applicants whose positions or potential jobs require the care, control and responsibility of children. All social workers in Child and Family Services Agencies, teachers, child care workers, and youth recreation staff need to be screened by the registry.

RECOMMENDATION: **THAT EMPLOYING AUTHORITIES CONSULT THE CHILD ABUSE REGISTRY FOR ALL CURRENT OR POTENTIAL EMPLOYEES WHOSE RESPONSIBILITIES REQUIRE THE CARE, INSTRUCTION OR CONTROL OF CHILDREN. UNDER NORMAL CIRCUMSTANCES SUCH PERSONS SHOULD NOT BE PERMITTED TO HOLD THESE JOBS.**

SECTION XI

COORDINATION: CHILD AND FAMILY SERVICES AGENCIES

Centralized and decentralized organizational structures have differing, and predictable, characteristics and accompanying problems. A centralized structure will have observable problems in assuring that there is continuity in the organization and that the policy which is established at the top is carried out at the bottom. A decentralized delivery mechanism can be expected to experience problems with the duplication of administrative activity and ineffective coordination.

Duplication of administration has not been observed to be a problem within the Child and Family Services Agencies. While they are smaller than the previous Children's Aid Society of Winnipeg, they are still sufficiently large as to be able to make efficient use of administrative staff.

Coordination is, however, a significant matter. The main mechanism for handling this issue seems to come from the activity of the Executive Directors. They meet often, as problems arise, and this provides a useful base for handling this issue. However, there would seem to be a need for a more highly structured format to handle these matters on an ongoing basis.

The Department of Community Services has attempted to perform a day-to-day coordinating role with the system and this has not been particularly successful. If these organizations are to be effectively coordinated, they will need to carry out this function for themselves. As the Department has a role that is different from the Agencies, there will be an inevitable mistrust between them and opinions of provincial employees will often be interpreted as orders by Agency staff. Thus, an attempt by the Department to enforce coordination will have the perverse effect of decreasing coordination and communication as Agencies resist what they perceive as attempts by provincial staff to control the behaviour of the Agencies.

There are substantial coordination problems within the current system. The recent difficulties with regard to the allocation of beds at the Seven Oaks Youth Centre is a case in point. There are many other potential difficulties such as the availability of foster homes and homemakers, the creation of procedures that will ensure quick and effective case transferral and information sharing concerning resources.

There is a need for this work to be structured and regularized and the most appropriate means of doing this would be by creating an administrative entity that would carry out these functions. The idea of a "seventh agency" has been resisted by the existing organizations as they have perceived it as a threat to the independence of their Agencies. It has been suggested that such a body would be the beginning of the creation of a single agency which would, in time, replace the existing structures. This is a reasonable concern, however, the fact remains that the current structure is not being properly coordinated. Thus, rather than simply resisting any change to the current structure, which perpetuates needless inefficiency, the issue is one of identifying an acceptable organizational format.

Coordination can be a relatively neutral technical task if the structure of the organization is appropriate to the task. The tasks in this case would include the following:

1. Coordination of resource sharing (foster homes, homemakers, etc.) across Agencies.
2. Carry out research which is relevant to all of the Agencies.
3. Maintain a resource inventory.
4. Coordination of day-to-day work between the six Agencies.
5. Provide a focus for communication between the Agencies and other organizations.

The new organization should be formally incorporated with a Board of Directors composed of the six Board Presidents from the Child and Family Services Agencies. This would respect the principle of volunteer control of the system and the preponderance of the work of this organization should be delegated to the Executive Directors. These procedures would also ensure that the coordinating body would not be a threat to the jurisdiction of the current Agencies. It should receive its budget through the existing Agencies and it should perform only those duties that are clearly less appropriate within one of the Child and Family Services Agencies. It need not have an executive director but rather might hire only project staff with specific functions, such as a person to operate the resource inventory.

This structure would have a greater ability to find research funding than a single agency as it would have a broader base of support and a better access to data. A research funder would be more interested in seeing the effects of a particular variable throughout the city rather than in a particular sub-area. In addition, there is no need to duplicate research work in differing parts of the city. In effect, if the research would be valid if performed in a particular area of the city, then it should be carried out by one of the present Agencies. If a more broad data base is required, then it should be carried out through the coordinating organization.

It would be useful to have a particular single structure which would become the focus for consultation between the Child and Family Services Agencies, the Provincial Government and other organizations in the community. For example, the child caring institutions will need a means to negotiate with the child and family services system as a whole to ensure the stability of their services rather than carrying out six different sets of meetings. The coordinating organization would be the core of a consultation system that could greatly improve the functioning of services for children.

RECOMMENDATION: **THAT THE MINISTER OF COMMUNITY SERVICES CREATE A CHILD AND FAMILY SERVICES COORDINATING ORGANIZATION WITH A BOARD OF DIRECTORS COMPOSED OF THE SIX PRESIDENTS OF THE CHILD AND FAMILY SERVICES AGENCIES.**

COORDINATION WITH OTHER ORGANIZATIONS

A problem which is parallel to that described under the heading, "Intragovernmental Coordination", exists with reference to linking the activity of the core services in this area to other bodies which are primarily municipal or private organizations. Some examples of this are the Winnipeg City Police, Children's Home, Manitoba Adolescent Treatment Centre, Knowles Centre, Ma Mawi Wi Chi Itata, day care centres and Family Services of Winnipeg. These, and many other agencies, are involved with abused children on a more or less continual basis.

There are usually staff from a number of these organizations involved in any case. Each of these have their own conception of the issues involved and also have reporting systems that are distinct from the others. It is a complex matter to have these people act together effectively and to achieve a unified view of how a particular case should be handled.

There is also good reason to believe that there is a need for coordination mechanisms in addition to those which are appropriate on a case by case basis. This is particularly important for those institutions which are active in this area as a significant part of their work. One aspect of this problem emerges when examining the difficulty with which the regionalized Child and Family Service Agencies relate to centralized structures such as the Winnipeg City Police and the Child Protection Centre.

The agency-based child abuse committees would contribute to the coordination of these activities on a case by case basis. However, for this to work effectively, it must be recognized that the individual social worker with a Child and Family Services Agency bears the major responsibility for case management. As they have the primary legal responsibility for the child, they are the obvious source of case coordination activities. In addition, these meetings would provide a focussed forum for discussion of case-related problems between Agencies and other service providers.

However, there is a need for consultation between those organizations, other than Child and Family Services Agencies, that provide services to children. These groups need to consult with each other and also with the Child and Family Services

Agencies. To enable these groups to meet, the Child and Family Support Branch should allocate sufficient funds to provide meeting rooms, secretarial services and any other service which would be essential to the proper functioning of these meetings. Membership should, in general, be open to any organization providing services to abused children in Winnipeg. However, in consultation with the Department of Community Services, they should define their own membership and rules of operation at their initial meetings. One would expect that those service organizations that have shown themselves to be most concerned with child abuse services, such as Ma Mawi Wi Chi Itata, the Winnipeg City Police, the four residential programs for abused children, the Child Protection Centre, the Native child and family services programs and concerned individuals who work with these children would be interested in playing an active role in such a structure.

This committee of children's service organizations would serve as an interest group in its own right and as an advisory body to the Child and Family Services Agencies. It should meet with the Child and Family Services Coordination Organization on a regular basis to resolve problems that arise in the child and family services system in Winnipeg and it would also be able to speak to the Department of Community Services as representing the opinions of a broad cross-section of the service community which provides services to children.

The Review Team is aware of the current role of the Provincial Advisory Committee. A committee of children's service organizations would not function as a competing body. It could offer potential candidates to sit as members of the Advisory Committee.

RECOMMENDATION: THAT THE MINISTER OF COMMUNITY SERVICES ACT TO CREATE A COMMITTEE OF CHILDREN'S SERVICE ORGANIZATIONS TO SERVE AS THE FOCAL POINT FOR THE GROUPS, OTHER THAN THE CHILD AND FAMILY SERVICES AGENCIES, WHICH PROVIDE SERVICES TO ABUSED CHILDREN IN WINNIPEG.

INTRAGOVERNMENTAL COORDINATION

The issue of child abuse cuts across existing departmental lines. A partial list of provincially funded services which are directly involved in work in this area is: public health nurses, mental health institutions, hospitals, physicians, the Child Protection Centre, the six Child and Family Services Agencies, Jewish Child and Family Services of Winnipeg, Ma Mawi Wi Chi Itata Centre, Provincial Judges' Court, Court of Queen's Bench, Crown Prosecutors and Teachers. As is evident from this list, the Departments of Health, Community Services, the Attorney General and Education all play major roles in relation to child abuse.

One effect of this situation is that it is not possible to determine the exact cost of operating services for abused children. Expenditures by the Department of Community Services for child maintenance payments for the six Agencies are obvious, however costs specifically related to abuse services are not easily available. There is no way of determining what proportion of a line worker's time is spent doing work with abuse cases. There is also no way of knowing how much of a worker's time is spent performing collateral functions (e.g., report writing, travel, attending consultation meetings). As a result, the cost of delivering abuse services in the child and family services system is not known.

However, this problem is not unique to Child and Family Services. A considerable amount of worker time in other systems is also spent dealing with abuse. An example is that guidance teachers devote a significant part of their time to detecting and reporting possible abuse situations and also providing direct service to abused children. There is no opportunity cost for this activity in any particular instance and, as this is a part of their day-to-day work, it is not accounted for in a separate budget category. In most of these other services, work in this area is a part of their total function and existing budgeting procedures do not allow these expenditures to be factored out in a meaningful manner. In consequence, the actual cost of running the child abuse service system is unknown.

A further problem exists with regard to coordination of these services. There are usually staff from a number of departments involved in any particular case. Each of these have their own conception of the issues involved and also have reporting systems that are distinct from the others. It is a complex matter to have these people act together effectively and to achieve a unified view of how a particular case should be handled. This situation is exacerbated by the existence of separate cost-sharing agreements for health, education and social services. The net effect of these factors is the creation of an incentive system for each department to concentrate primarily on its own problems and to curtail its activities in situations where there is an overlap of jurisdiction. Poor coordination within the Provincial Government will have a causative effect upon deterioration of services in the community and the result will be an even greater lack of coordination at the level of service delivery.

While the existing institutional arrangements may be functional, the necessary consequence of the situation is a fragmentation of services for abused children. An example of this problem is found with the lack of thearapy facilities for abused children in Winnipeg. It has never been clear whether this lay within the jurisdiction of the Department of Health or the Department of Community Services and the result has been a striking lack of development in this area. The absence of these services has had severe consequences for abused children.

There are general themes in contemporary government which indicate that departments tend to compete with each other for scarce resources and that where the jurisdictional responsibility for a particular program is unclear, a department will tend to avoid assuming responsibility as a means of avoiding increased expenditures. In addition, even given a willingness to cooperate, government is a cumbersome apparatus and it is not a simple matter to ensure that the coordination work is effective.

The basic rule for this task is that equals cannot coordinate their work effectively. Whatever the initial intent, the persons who are attempting to bring about the coordination will ultimately have to serve the interests of their department, which are incompatible with the needs for coordination. A solution to this problem is to have the coordinating body chaired by someone from a central agency with interests that transcend particular departments and a view that encompasses government as a whole. The new Planning and Priorities Committee of the Executive Council would seem to be the appropriate place for such a responsibility and the membership should be drawn from the relevant departments.

RECOMMENDATION: THAT THE PROVINCIAL GOVERNMENT ASSIGN A STAFF MEMBER FROM THE PLANNING AND PRIORITIES COMMITTEE OF THE EXECUTIVE COUNCIL THE RESPONSIBILITY OF CHAIRING A COMMITTEE OF REPRESENTATIVES FROM THE DEPARTMENTS OF HEALTH, COMMUNITY SERVICES, EDUCATION AND THE ATTORNEY GENERAL. THE DEPARTMENTAL REPRESENTATIVES SHOULD BE THE ASSOCIATE OR ASSISTANT DEPUTY MINISTERS WHO HAVE THE GREATEST RESPONSIBILITY FOR THESE SERVICES WITHIN EACH DEPARTMENT. IT WOULD BE THE FUNCTION OF THIS COMMITTEE TO ENSURE THAT ALL PROVINCIAL GOVERNMENT SERVICES CONCERNING CHILD ABUSE ARE PROPERLY COORDINATED AND FUNCTIONING AT AN OPTIMAL LEVEL.

SECTION XII

CHILD DEATHS

A grim reality of providing services to children and families is that in high risk situations, conditions may deteriorate and result in injury and/or death to a child. The death of a child due to abuse is a frightening and appalling event. Such deaths are even more appalling if steps could have been taken to prevent them.

It is widely known that a primary reason for the Review Team's existence was the deaths of three children and the injuring of a fourth child which was subsequently fatal. These events occurred during a brief time period in the spring of 1986. While this review has been active, these cases have been either under police investigation or subject to criminal prosecution. Members of the Review Team have been conscious of the fact that efforts to actively and publicly review the circumstances surrounding the child deaths could jeopardize these proceedings.

Nevertheless, the Review Team strongly believes that the child and family services system must be in a position to learn from these and other child deaths. Very little research has been undertaken in this area with the most notable exceptions being Robertshaw's (1977) study of 54 deaths of Canadian children and findings of the Badgley Report (1984) regarding sexually motivated child killings. The Blom-Cooper Report (1985) addressed the problems of how the Department of Health and Social Security in England needed to improve the system of learning from the errors surrounding deaths of children from abuse. In Manitoba, child deaths have been studied or reviewed primarily on a case-specific basis with less attention being paid to the possibility of common circumstances or systemic implications.

In order to gain an understanding of this topic, the Review Team has read the case files of not only the children who have died because of abuse but also the files of children who were previously determined to be at risk. In addition, Team members have consulted with the Child Protection Centre, Police, the Chief Medical Examiner, the Department of the Attorney General and other knowledgeable persons. An in-depth review was undertaken of all child deaths in Manitoba for the years 1984, 1985 and 1986, with particular attention paid to homicides or cases where the cause of death was undetermined. Statistics from the Chief Medical Examiner's office provide the following summary of child deaths in Manitoba.

MANNER OF DEATH	1984		1985		1986	
	#	%	#	%	#	%
Natural	65	45.1	66	48.9	62	51.2
Accidental	34	23.6	27	20.0	22	18.2
Suicide	9	6.2	6	4.4	5	4.1
Homicide	6	4.2	2	1.5	8	6.6
Undetermined	7	4.9	6	4.4	3	2.5
Motor Vehicle Accident	23	16.0	28	20.8	21	17.4
Total	144	100.0	135	100.0	121	100.0

Death due to homicide is the most severe consequence of child abuse. Interestingly, the Department of Community Services Annual Report indicates no deaths due to child abuse occurred in the Province in 1984 or 1985. Child and Family Support Branch statistics officially identify 6 deaths in 1986. Consistency in the definition of child abuse deaths, their reporting and recording, and the manner in which this information is used by the child and family services system must be addressed if this system is to learn anything from such child deaths.

THE CHIEF MEDICAL EXAMINER

The authority of the Chief Medical Examiner who reports to the Legislature through the Attorney General, is conveyed by The Fatalities Inquiries Act. Section 6 (1) of this Act is most relevant for our purposes and it reads as follows:

> ***Investigation of sudden deaths.***
>
> *6 (1) Where a medical examiner is informed of the presence of a dead body of any person within the province, and it appears that*
>
> *(a) there is reasonable cause to suspect that the person died by violence, undue means, or culpable negligence or in an unexpected, or unexplained manner or suddenly of unknown cause; or*

(b) the person died in a place or under circumstances requiring an inquest under any statute; or

(c) the cause of death is undetermined; or

(d) the person died in a correctional institution, gaol or prison or while he was an involuntary resident of any institution in the province;

he shall forthwith take charge of the body, inform the police, and make diligent inquiry respecting the cause and manner of the death of the person.

In brief, this Act gives specific authority to the Chief Medical Examiner to investigate all violent deaths and deaths as a consequence of unknown causes. The term "violent death" encompasses those which are categorized as accidental or are a consequence of suicide or homicide.

It is a peculiarity of the current system that the Department of Community Services investigates deaths of children in care without reference to the Chief Medical Examiner. There is no apparent justification for excluding the person who is most intimately involved with this work. In addition, the staff of the Department of Community Services have no training in investigative techniques which are appropriate to this function.

The investigation of the death of a child is a complex and distasteful matter. However, it is essential to the integrity of the child and family services system that these investigations be carried out in a thorough manner that will give proper consideration to discovering the truth and will use procedures that respect the rights of persons involved in the inquiry. In addition, it is critical that the public see that these investigations are carried out in an objective manner. The Chief Medical Examiner is required by law to perform this function and all that is needed is that this process be linked to activities under the jurisdiction of the Department of Community Services. The following recommendation is presented as a means to ensure that a comprehensive review will be carried out when needed.

RECOMMENDATION: THAT IN THE EVENT OF A DEATH OF:

(a) A CHILD IN CARE,

(b) A CHILD WHO HAS BEEN A CLIENT OF A CHILD AND FAMILY SERVICES AGENCY DURING THE LAST TWO YEARS,

(c) A CHILD, WHOSE PARENT OR GUARDIAN HAS BEEN A CLIENT OF A CHILD AND FAMILY SERVICES AGENCY DURING THE LAST TWO YEARS,

THE CHIEF MEDICAL EXAMINER, IN ADDITION TO THE INQUIRY REQUIRED BY THE FATALITIES INQUIRY ACT, SHALL REVIEW

THE ACTIVITIES OF THE CHILD AND FAMILY SERVICES AGENCY OR AGENCIES WHICH WERE INVOLVED WITH THE CASE AND SUBMIT A DETAILED REPORT TO THE MINISTER OF COMMUNITY SERVICES WHICH ASSESSES WHETHER OR NOT THE ACTIVITIES OF THE STAFF OF THE AGENCY OR AGENCIES WERE APPROPRIATE BY CURRENT STANDARDS.

The effectiveness of the Chief Medical Examiner is determined in part by the quality of the information that is available to him. If the information is incomplete, then it is likely that possible connections between cases will be missed. For example, if a person were involved in different parts of the province with a number of deaths of children that were deemed to be of unknown cause, this knowledge would stimulate further investigation. However, if there is not an appropriate data collection system, it is highly unlikely that anyone will become aware that there is a matter here that should be investigated. In addition, it is critical that autopsies be performed if the cause of a child's death is not known so that a specific cause of death can be identified whenever possible.

RECOMMENDATION: THAT ALL CHILDREN WHOSE DEATHS ARE A CONSEQUENCE OF ACCIDENT, SUICIDE, HOMICIDE OR UNKNOWN CAUSE BE SUBJECT TO AUTOPSIES UNDER THE JURISDICTION OF THE CHIEF MEDICAL EXAMINER.

RECOMMENDATION: THAT THE OFFICE OF THE CHIEF MEDICAL EXAMINER BE LINKED TO THE MANAGEMENT INFORMATION SYSTEMS OF THE CHILD AND FAMILY SERVICES SYSTEM.

In addition to the above functions, it is obviously desirable that there be immediate, 24 hour investigative ability for the Chief Medical Examiner. This will ensure that information is collected accurately and that the Medical Examiner will have the maximum amount of first-hand knowledge that is possible. In order to carry out these activities, it is fundamental that the budget be adequate to hire a sufficient number of trained staff and to allow for adequate operating expenses.

RECOMMENDATION: THAT THE DEPARTMENT OF THE ATTORNEY GENERAL PROVIDE SUFFICIENT FUNDS TO THE OFFICE OF THE CHIEF MEDICAL EXAMINER TO ALLOW FOR CONTINUAL, 24 HOUR INVESTIGATIVE COVERAGE BY STAFF FROM HIS OFFICE AND THAT THERE BE ADEQUATE RESOURCES TO ENSURE THAT THE ADDITIONAL FUNCTIONS WHICH ARE SPECIFIED IN THIS REPORT CAN BE PROPERLY CARRIED OUT.

RISK

The Review Team has found a significant lack of consensus over the issue of risk. While many social workers are familiar with the dilemma of whether or not to apprehend a child in an abusive situation, the difficulties in arriving at a decision can be amplified once other professions and disciplines are consulted. "High risk" in one profession may not be defined similarly by another profession. It is vital that disciplines involved in the protection of and planning for children be able to speak the same language in determining risk.

While the Review Team is aware of the inherent technical problems, an index measuring risk could be a useful tool in providing commonality in assessing children in potentially abusive situations. Although it must be acknowledged that an index can never be comprehensive enough to identify all the complexities and subtleties within abuse cases, it can at least provide a coherent starting point into the effective review and conduct of such cases.

A definition of abuse is a necessary first step to initiate the assessment process. Moreover, an examination of the literature must be undertaken, for there have been previous attempts at risk scale or index development. Furthermore, consideration must be given to the limitations and potential uses of the index.

"Abuse" has many definitions, with some being more complex than others. Helfer and Kempe (1972) define a battered child as one who receives non-accidental physical injury or injuries as a result of acts or omissions on the part of the parents or guardians.

The Ontario Association of Professional Social Workers (1983) expands the definition of abuse into physical, emotional, and sexual components. Physical maltreatment primarily concerns non-accidental injuries such as beating, wounding, burning, and poisoning which can result in fractures, bites, bruises, cuts, burns, and internal injuries. Malnutrition, either neglectful or deliberate can be also considered a type of physical abuse.

Emotional abuse conveys the idea of "mental injury" derived from psychologically aggressive action. Such actions include overt rejection, repeated belittling, open disowning, making unreasonable demands, and withholding comfort from a child.

Psychological injury is less visible than bruises, but can be typified by a child lacking confidence, being wracked by fears, failing to thrive, running away, becoming unusually aggressive, or attempting suicide.

Sexual abuse is the use of a child for the sexual gratification of an adult, or the allowing of such use by a parent, guardian, or caretaker. It can include any manual, oral, or genital sexual contact or the use of an object for sexual penetration. As well, exploitation of a child for pornographic purposes is considered abusive.

The Child and Family Services Act defines abuse as an act or omission by a parent, guardian or a person in whose care a child is in which results in physical injury to the child, emotional disability of a permanent nature in the child or is likely to result in such disability, or sexual exploitation of the child.

To be useful, a definition of abuse must balance comprehensiveness with the ability to be concise. In addition, a definition must resolve the debate as to whether the child is viewed as a unique separate entity, as part of a family unit, or as part of a particular culture. The first view makes the child the foremost concern, while the second can make him equal to or subsumed in other family concerns. Seeing the child as part of a culture can make him "different" from other children with needs sensitive to that culture.

Faller and Russo (1981) admit that there is no clear consensus on a definition of child abuse. Often, the term is tempered by employing "maltreatment" or "neglect". Regardless of the word used for the problem, social workers must have some way of differentiating child abuse and maltreatment from acceptable ways of managing children and other problems of family functioning.

Gelles (1975) similarly notes that a major problem in the area of child abuse is that of defining the phenomenon to be investigated. At minimum, six systems are usually involved in child abuse: the medical system, the social service system, the criminal justice system, the school system, the neighbourhood system, and the family system. All six are involved in identifying, labeling, treating, and preventing child abuse.

Perhaps the statutory definition of abuse within a provincial jurisdiction is "the best" which can be expected, given the number of systems involved in the problem. It is a legal definition and binds those who provide services to children and families to act in accordance with it. The problem of child abuse becomes as much one of interpreting the definition as dealing with the phenomenon.

In order for the above systems to relate effectively, some common language must be employed to unify differing perspectives. That language involves some common notions of just what constitutes "risk" to a child. Given the acceptance of multidisciplinary services to children and families, agreement around issues of risk is vital.

An ecological assessment will serve as the conceptual framework for developing a risk index. Hess and Howard (1981) define such an approach as "one that examines the developing individual, the individual's dynamic, immediate and broader physical and social environments, and the interactions and relationships among these variables during a specific period of time", (p. 501). It requires the process of gathering, organizing and giving priority to data for the purpose of determining and implementing the most appropriate intervention.

The ecological perspective requires that potential child abuse indicators be identified for each parent, the child, the family's support network, and wider community. It also recognizes the "interactiveness" of these components, (Hess and Howard, 1981).

This approach is similarly echoed by Sebes (1986) who states that child maltreatment is determined by multiple forces at work in the individual, in the family, in the community, and in the culture. Citing other studies (Garbarino and Crouter, 1978; Garbarino and Sherman, 1980), she notes that the likelihood of child maltreatment varies in relation to the availability, adequacy, and use made of family support resources in the community. Low levels of material and social resources can place entire neighborhoods "at risk".

Parents at Risk

Inter-generational "transmission" of child abuse is an important factor in assessing risk. Solomon (1973) identified between 30-60% of abusing parents as having been abused as children. Carroll and Schmitt (1978) found parents repeatedly beaten or deprived as children were at risk of becoming abusers. Helfer and Kempe (1972) similarly note that attention must be paid to the manner in which parents themselves have been reared, their degree of isolation from and trust in others, whether their spouse is passive and cannot "give" in an emotional sense, and whether they have unrealistic expectations of their child.

In studying family situations and agency responses to abuse, Meddin (1985) identifies parental cooperation as an important risk factor. The degree or willingness of the caretaker(s) to care for and protect the child from further abuse should be considered: a cooperative parent who is unable to care for and protect a child places that child at risk.

Clinical research has identified a number of variables which appear to dispose individuals toward abuse. Milner and Wimberly (1980) advance three dimensions which seem to be most descriptive of abusers: unhappiness, rigidity and distress.

Traits relating to unhappiness include the lack of personal fulfillment and pleasurelessness. Rigidity refers to one's expectation of a child's behaviour, particularly as these pertain to orderliness and neatness. Distress is a general category comprised of being upset, angry, frustrated, losing control, being mixed up, not understanding one's actions, being depressed, worrying, being fearful, feeling rejected, and having difficulties relaxing. External distresses include not having enough to eat, worrying that needs are unmet, and having personal problems. Studies conducted by Spinetta and Rigler (1980) have been able to link stressors with abuse. They found that abusing families had high incidences of separation, divorce, unstable marriages, and minor criminality. In addition, social and economic stress, lack of family roots in the community, lack of immediate support from extended family, social isolation, high mobility, and unemployment were also factors in abuse.

The Badgley Commission's National Population Survey of subjects over age 18 revealed that one in two females and one in three males had been victims of unwanted sexual acts, with most of these incidents first occurring when these persons were children and youths. In reviewing the Badgley findings, Schlesinger (1986) stated that few young victims were physically injured; more suffered emotional harms. Their needs have remained unexpressed and unmet and they are often those in greatest need of care and help.

Bagley (1986) proposes that at least 25% of girls who are sexually abused in their families have serious long-term problems of adjustment and behaviour, while a further 25% have some chronic personality problems. Such abuse can have devastating consequences for victims which can permanently impair mental health or adjustment if treatment is absent or inadequate.

Straker and Jacobson (1979) indicate that the presence of diagnosed psychopathology among parents is a significant risk factor for children. Social workers must be cognizant of psychiatric histories, or have access to psychiatric assessments should parental behaviour warrant.

Pelton (1980) has advanced a strong relationship between abuse and poverty. Quoting studies of abuse registries in the United States (Gil, 1970; American Humane Association, 1975, 1976; Young, 1971; Pelton, 1977), he found that between 50-60% of child abusers had incomes at or below the poverty line and concluded that the lower socioeconomic classes were disproportionately represented among child abuse and neglect cases known to public agencies.

While acknowledging the higher level of public scrutiny within poor families, Pelton asserts that it does not follow to proclaim that if middle and upper class households were more open to scrutiny, proportionately as many abuse and neglect cases would be found. Greater public awareness and new reporting laws have led to significant increases in reporting without changing the socioeconomic pattern of such reports. A more vigilant public has failed to produce an increased proportion of reports from above the lower class.

The National Council of Welfare (1979) found that while life below the poverty line exposed parents and children to considerable stress, it did not imply that all or even most low income families encountered problems serious enough to lead them into the child welfare system. Stress did not affect all poor people in the same manner any more than its impact was felt equally by families from higher income levels. The major difference between high and low income groups was that the former has been able to rely on a diffused, varied, and less visible network of family support. They have been better able to avoid the public scrutiny of being a client of the child welfare system.

The findings of the Badgley Commission (1984) in its study of sexual offenses against children also casts some doubt upon the culture of poverty perspective. The Commission maintains that either no distinctions occur along class and cultural lines, or that members of certain minority groups, any of whom are poor, are at greater risk of being sexually assaulted. However, these are more assertions than the results of empirical data.

Fuller and Ziefert (1981) state that alcohol or drug dependent parents pose a high risk for abuse or neglect. Abuse can stem from lost impulse control while on drugs, especially alcohol, and reflects underlying anger. Neglect is more common, however, as drug dependent parents are less able to perform everyday tasks. In both cases there are underlying causes of the substance abuse, and typically, other factors besides drug addiction are involved in child abuse. Similarly, alcohol and drug addiction in either parent is noted by Schmitt (1978) as placing children at high risk.

In her study of 930 women in San Francisco, Russell (1983) noted that among those identifying as victims of "very serious sexual abuse" (completed and attempted vaginal, oral, anal intercourse, cunnilingus, anilingus, forced and unforced), stepfathers and adoptive fathers were the most prevalent abusers. Similarly, Finkelhor (1984) found that the presence of a stepfather was one of the strongest independent predictors of sexual victimization.

Children at Risk

Should the child be special in any way, parents may come to view him/her as different from other children. A child who is mentally handicapped, gifted, hyperactive, suffering a birth defect, or who fails to respond as expected can be at risk of becoming abused. Children who fail to match parental expectations can incur feelings of anger and resentment among parents (Falcone and Swift, undated). In families where children are handicapped or present behavioral problems, there are frequently unusual and extended demands upon the caregivers (Beckman-Bell, 1981). These demands increase the stress level within the caregiving family who may need assistance or intervention to deal with such stress.

Among infants, birth weight is a potential predictor of risk. Low birth weight can be the result of premature delivery or inadequate prenatal care by the mother. In either case, the child requires special care and attention. The Maternal and Child Health Branch of Manitoba Health considers 2500 grams to be a normal birth weight. Newborns weighing less are cause for concern, with those under 1500 grams at extreme risk and typically in need of immediate medical attention.

Thereafter, weight gain can provide evidence that a child is growing as a healthy infant or whether that child is failing to thrive due to maternal deprivation. At least 20% of all infants labelled as failure to thrive suffer from deprivation of an environmental nature. Any child who is not thriving should be evaluated for neglect in addition to organic or genetic causation (British Columbia, Inter-Ministry Child Abuse Handbook, 1979).

In advocating the use of standardized risk assessments by physicians providing prenatal care, Parboosingh (1986) notes the simplicity, appropriateness, and accuracy of a maternal risk scoring system used by The Manitoba Perinatal Program. More significant is the correlation between the identified high risk group and high perinatal mortality (high risk: 69 deaths/1000; low risk: 7 deaths/1000).

An infant may also be at risk because of being difficult to handle. Problems with feeding, colic and vomiting may place stresses on the parents. As the child grows, he/she may exhibit behavioral problems consistent with developmental stages, but overwhelming for the parents: the "terrible twos", hyperactivity, sleep resistance, or poor eating habits (British Columbia, Child Abuse/Neglect Policy Handbook, 1979).

Mills (1982) outlines several physical and behavioral indicators of sexual abuse in preschool children. These can include: complaints of pain or itching in the genital area, seductive or sexualized behaviour with adults or peers; overly sophisticated and age inappropriate knowledge of sexual acts or sexual language; and passive relationships with parents typified by unwillingness to take initiatives, being afraid to express opinions, and being anxious to please (this last point pertains to both physical and sexual abuse victims). In addition, (Myers, unpublished) notes that preschoolers who have been sexually abused often regress to earlier forms of behaviour that remind them of more comfortable times - thumb-sucking, bedwetting, baby talk, overeating, resuming sleep with a special toy, fear of the dark, fear of sleeping in their own room, whining, clinging and fretfulness.

During the elementary school years, several behavioral characteristics may predispose a child to victimization. Finkelhor (1984) states that much sexual abuse is short circuited without a child knowing anything about it because a potential abuser chooses not to approach that particular child. This may occur within a family. Abusers sense that some children do not make good targets. A child who feels emotionally needy, insecure, or unsupported will be more vulnerable to the ploys of a potential abuser: offers of attention, affection, or bribes. That child likely will not have someone to turn to about the abuse or will be more afraid to tell. Finkelhor further reveals that children's ability to resist may be undercut by naivety and a lack of information. Children who lack knowledge about sexual abuse are potential victims.

In his study of 120 children aged five to twelve years, Green (1978) found that abused children demonstrated a significantly higher incidence of self-destructive behaviour than the control group of non-abused children. Suicide attempts, self-mutilation and suicide ideation were related to a number of variables operating in the abused child and the environment. The abused child's sense of worthlessness and self-hatred were linked to parental assault, rejection, and scapegoating. Depending upon the child, self-destructive behaviour was either an escape from a traumatic situation or represented a "cry for help".

Victimization can be suspected where a child is unusually fearful of adults, perhaps of one sex more than another. Abused children may also display unusual apprehension when an adult approaches a crying child (Ontario Association of Professional Social Workers, 1983). The Children's Bureau of the National Centre on Child Abuse and Neglect (1976) has found that abused children display excessive concern for their parents' needs as well.

Among adolescents, behavioral clues to abuse can be more pronounced or extreme. The abuse itself may no longer be life threatening, because the adolescent is of an age better able to be self-protective, but its emotional impact may lead to self-destructive behaviour or destructive behaviour directed at others.

Ziefert (1981) writes that teenagers who have been lifelong scapegoats or who have lived with a continual sense of futility and neglect are, during adolescence, at greater risk for depression, withdrawal, anorexia, and drug dependence. Many become involved in an array of anti-social behaviours. Arson, theft, belligerence, recklessness, substance abuse, and running are typical strategies for acting out deep-rooted hurt. As well, many adolescents who have experienced sexual abuse merge as sexually acting-out teens, prostitutes, and adolescent mothers. Myers (unpublished) states that suicide attempts or acts of self-mutilation are also common among adolescent victims of sexual abuse.

An index of risk can be built by incorporating the above variables into the conditions necessary for abuse defined by Helfer and Kempe (1972): a parent, a child and a stressful situation. Such an index would have four categories: 1) the parent(s) or caregiver(s), 2) the child, 3) the psycho-social situation, and 4) the social worker's assessment.

Variables would be given equal weight because the literature reveals that it is more a combination of factors than one single factor which result in the abusive response. In addition, variables would derive from hard and soft data, the latter allowing some assessment or diagnosis on the part of the helping professional involved. Finally, the list of variables and their measures would be concise, providing a guide and frame of reference rather than be a tool to cover all contingencies. It is not intended that skill be replaced by rote performance, but rather that it be complemented or enhanced.

A valid risk scoring system not only offers a frame of reference; it has other potential uses: it can assist in the recording, retrieval and organization of data; it can be a teaching tool; it can facilitate client classification; it can ensure all clients receive a comprehensive assessment; and it can be useful in the consultation process. (Parboosingh, 1986) A risk scoring system provides a way of looking at the phenomenon of child abuse and can play an important role in shaping the response to that phenomenon.

The following are the concept definitions that are proposed for a child abuse risk index.

1. Child Abuse:

   An act or omission by a parent, guardian or person in care of a child which results in:

   a) physical injury to the child;
   b) emotional disability of a permanent nature in the child or the likelihood of such disability;
   c) sexual exploitation of the child with or without the child's consent (Child and Family Services Act, 1985).

2. Child:

   A person under the age of majority.

3. History of Abuse:

   Evidence or suspicion of previous child abuse victimization.

4. In Care:

Status given a child where its temporary or permanent guardian is a Child and Family Services Agency, or where that Agency has contracted with a family to place the child in substitute care under a Voluntary Placement Agreement.

5. Congenital Defect:

Disability related to, or impairment of, mental or physical functioning derived from genetic causation.

6. Age:

In years.

7. Prenatal Risk:

A rating indicated by the total score on the Manitoba prenatal scoring form.

8. Birth Weight:

In grams.

9. Failure to Thrive:

Significant deviation from the normal pattern of growth and development without an obvious organic cause.

10. Child Difficult to Handle:

Problems with colic, feeding, sleep patterns, tantrums or hyperactivity.

11. Hospital admissions:

Total number.

12. Neglect:

Failure on the part of the caregiver to provide for the physical, emotional or medical needs of a child to an extent that the child's health, development or safety is endangered (Inter-Ministry Child Abuse Handbook, 1979).

13. Regressive Behaviour:

Reversion to an earlier stage in child development and may be characterized by thumb sucking, bedwetting, clinging behaviour, etc.

14. Seductive or Sexual Behaviour or Language:

Actions and speech which draw attention to the genital area or sexual activity in a knowledgeable and explicit manner.

15. Discomfort in Genital Area:

Complaints of pain or itching.

16. Passivity:

Compliant behaviour characterized by an unwillingness to take initiative, reluctance to express opinions, and being anxious to please.

17. Knowledge of Sexual Abuse:

Education around sexual abuse derived from family life education and personal safety programs at school or discussion at home within the context that such abuse is not considered a normal and acceptable part of family functioning.

18. Emotional Insecurity:

Feelings of inadequacy derived from lacking confidence in oneself or lacking the assurance and support of significant others.

19. Fear of Touch:

A negative physical or emotional response typified by crying, cringing, or running away on the part of a child in physical contact with an adult.

20. Self-Destructive Behaviour:

A negative emotional response by a child which threatens their physical and emotional well-being and can be characterized by any of the following: self-biting, self-cutting, self-burning, hair pulling, head banging, suicide attempts, and suicide threats or gestures.

21. Concern for Parental Needs:

A child placing parental wants ahead of their own needs, can include role reversal.

22. Alcohol and Drug Abuse:

The use of mood altering substances to an extent that dependency on that substance results and negatively affects day-to-day functioning.

23. Running:

Unwillingness to live at the residence of a caregiver expressed by unauthorized absences for brief or extended periods of time.

24. Criminal Conviction:

A court conviction under the authority of the Criminal Code of Canada and/or Young Offenders Act.

25. Sexual Acting Out:

Frequent and transient sexual relationships.

26. Suicide Ideation/Attempts:

Communicating thoughts of killing oneself or trying to kill oneself.

27. Protection:

The ability and willingness to supervise and support a child.

28. Happiness:

Emotional responses derived from feeling positive about one's personal situation.

29. Parenting Practices:

A caregiver's emotional and physical responses made either directly or indirectly to a child he/she is rearing.

30. Diagnosed Psychopathology:

Evidence of mental illness on the basis of psychiatric assessment, using DSM III criteria.

31. Stepfather/Adoptive Father:

A male acting in the role of parent to a child, but who is not the putative father.

32. Financial Stress:

Pressures related to one's economic situation.

33. Isolation:

The lack of a supportive and readily accessible network of family and friends.

34. Distress:

Non-specific physiological or psychological responses to situations, events, and activities which have an adverse impact upon mental and physical well-being.

35. Supportive/Treatment Resources:

A range of helping services delivered by professionals or self-help groups which are external to the family's network.

36. Access:

Unrestricted availability.

The index has been pre-tested using retrospective case information. Through the cooperation of the Child and Family Services Agency of Central Winnipeg, the Review Team was given access to 15 case files of children the Agency deemed "high risk". There was a correlation between high scoring on the index and a child coming into care.

Modifications were made to the index, particularly in regard to variables pertaining to adolescents and parents. A second pre-test was conducted on 24 cases from four Child and Family Services Agencies identified as "high risk" by the media in the spring of 1986. Results indicated that the index appears to distinguish between high and low risk: high scores on the index correlated with a child being apprehended; low scores correlated with an investigation and no further action.

One final modification was made to the index as a consequence of the second pre-test. A category of variables for children under the age of two was provided to recognize potential risks specifically related to infants. There has been no further validation.

The Review Team has combined traits relating to both physical and sexual abuse within the same index, the rationale being that sexual abuse is a specific form of physical abuse. It is proposed that the index in its present form has a sufficient mix of child and parental characteristics to identify both types of abuse. However, validation will demand more rigorous testing.

RECOMMENDATION: **THAT THE CHILD ABUSE RISK INDEX BE USED BY CHILD AND FAMILY SERVICES AGENCIES AS A TOOL IN THE ASSESSMENT PROCESS.**

CHILD ABUSE RISK INDEX*

CHILD'S PROFILE: AGE LESS THAN TWO YEARS

1.	History of abuse	no history	0
		uncertain	1
		previous incident(s)	2
2.	Child Previously/ Currently in Care	no	0
		uncertain	1
		yes	2
3.	Congenital defects	no history	0
		single system	1
		multiple systems	2
4.	Prenatal Risk	low	0
		uncertain	1
		high	2
5.	Birth Weight	> 2500 grams	0
		1500-2500 grams	1
		< 1500 grams	2
6.	Child Difficult to Handle	no	0
		uncertain	1
		yes	2
7.	Failure to Thrive	no	0
		uncertain	1
		yes	2
8.	Frequent Hospital Admissions	no	0
		uncertain	1
		yes	2

SUB-TOTAL ______

CHILD'S PROFILE: AGE TWO TO FIVE YEARS

1.	History of abuse	no history	0
		uncertain	1
		previous incident(s)	2
2.	Child Previously/ Currently in Care	no	0
		uncertain	1
		yes	2

---

*Use one complete form per child

3.	Congenital defects	no history	0
		single system	1
		multiple systems	2
4.	Evidence of Neglect	no	0
		uncertain	1
		yes	2
5.	Evidence of Regressive Behaviour	no	0
		uncertain	1
		yes	2
6.	Seductive/Sexual Behaviour or Language	no	0
		uncertain	1
		yes	2
7.	Discomfort in Genital Area	no	0
		uncertain	1
		yes	2
8.	Passivity in Relationships with Adults	no	0
		uncertain	1
		yes	2

SUB-TOTAL ______

CHILD'S PROFILE: AGE SIX TO ELEVEN YEARS

1.	History of abuse	no history	0
		uncertain	1
		previous incident(s)	2
2.	Child Previously/ Currently in Care	no	0
		uncertain	1
		yes	2
3.	Congenital defects	no history	0
		single system	1
		multiple systems	2
4.	Lacks Knowledge of Sexual Abuse	no	0
		uncertain	1
		yes	2
5.	Emotionally Insecure	no	0
		uncertain	1
		yes	2
6.	Fears Being Touched by Adult	no	0
		uncertain	1
		yes	2

7.	Self-destructive	no	0
		uncertain	1
		yes	2
8.	Excessive Concern for Parental Needs	no	0
		uncertain	1
		yes	2

SUB-TOTAL ______

CHILD'S PROFILE: AGE TWELVE AND OLDER

1.	History of abuse	no history	0
		uncertain	1
		previous incident(s)	2
2.	Child Previously/ Currently in Care	no	0
		uncertain	1
		yes	2
3.	Congenital defects	no history	0
		single system	1
		multiple systems	2
4.	Substance Abuse	no	0
		uncertain	1
		yes	2
5.	Running Away	no	0
		uncertain	1
		yes	2
6.	Criminal Conviction (Y.O.A./C.C.C.)	no	0
		1	1
		2 or more	2
7.	Sexual Acting Out	no	0
		uncertain	1
		yes	2
8.	Suicide Ideation or Attempt(s)	no	0
		uncertain	1
		yes	2

SUB-TOTAL ______

PARENT(S) PROFILE:

			F *	M
9.	History of Abuse (victim/perpetrator)	no history	0	0
		suspected/unproven	1	1
		suspected/proven	2	2
10.	Protection	able to protect child	0	0
		unable to protect child	1	1
		unwilling to protect child	2	2
11.	Happiness	satisfied with self	0	0
		low self-esteem	1	1
		depressed	2	2
12.	Parenting practices	consistent/caring/nurturing	0	0
		inconsistent/unrealistic	1	1
		authoritarian/use of force	2	2
13.	Diagnosed Psychopathology	no	0	0
		uncertain	1	1
		yes	2	2
14.	Substance Abuse	no	0	0
		occasional	1	1
		chronic	2	2
15.	Step-father/Adoptive Father	no		0
		uncertain		1
		yes		2

SUB-TOTAL: ___ ___

(take higher score)

* F=female, M=male

FAMILY'S PSYCHO-SOCIAL SITUATION:

16.	Financial Stress	no	0
		uncertain	1
		yes	2
17.	Isolation	supportive family/friends	0
		no kinship/friendship network	1
		network dysfunctional/dangerous	2

18.	Distress	able to cope with stress	0
		can cope with assistance	1
		unable to cope	2

SUB-TOTAL ______

ASSESSMENT:

19.	Adequate Family Support/Treatment Services	available immediately	0
		waiting list	1
		unavailable	2
20.	Alleged Abuser has Access to Child	no	0
		uncertain	1
		yes	2

SUB-TOTAL ______

TOTAL OF ALL SECTIONS ______

(Maximum Total Possible = 40)

DIAGRAMS

CHARTS

TABLES

LIST OF DIAGRAMS, CHARTS AND TABLES

PAGE

Child Abuse Reporting Process.................................... 36

System Response: Winnipeg City Police............................ 49

Winnipeg City Police Child Abuse Investigations.................. 50

Consultations: No Police Action.................................. 51

System Response: Medical Child Abuse Unit........................ 62

System Response: CFS Agency...................................... 70

Manitoba Community Services Child Abuse Reports.................. 72

Child and Family Services Agency EFT'S........................... 73

Child and Family Services Agency Salary and Benefit Scale......... 73

Caseload Statistics.. 76

Child Population by Age Group.................................... 79

Child Population - Age 2 or Less................................. 80

Total Children Resident in Each Child and Family Service Region.... 81

Comparative Neighbourhood Demographics............................ 82

Expenditures on Services to Children.............................. 102

Total Expenditures for Child Welfare in Constant Dollars........... 103

Provincial Expenditures on Child Welfare in Constant Dollars....... 104

Federal Expenditures for Manitoba Native Child Welfare in Constant Dollars.................................. 105

Total Child Welfare Expenditures as % of Total Provincial Budget... 106

Provincial Child Welfare Expenditures as % of Total Provincial Budget.................................. 107

Service and Administration Expenditures in Constant Dollars........ 108

Child Maintenance Expenditures in Constant Dollars................ 109

LIST OF DIAGRAMS, CHARTS AND TABLES (continued)

PAGE

Child Welfare Expenditures by Expenditure Category;
1980-81 110
1981-82 111
1982-83 112
1983-84 113
1984-85 114
1985-86 115
1986-87 116

CFS Response: Placement in Substitute Residential Care 128

Receiving Home Per Diem Rates 131

Receiving Home Occupancy 132

Utilization of Emergency Receiving Spaces by Agency 133

Seven Oaks Centre Staffing Schedule 134

Seven Oaks Centre Budget and Occupancy 135

Utilization of Seven Oaks Centre by Agency 136

Seven Oaks Centre Quota 136

Summary Map 161

Sexual Offenders on Probation 180

Unified Family Court Case Data: 1986 217

Comparative Outcome of Child Protection Cases 217

Staff Training Allocations 221

Staff Training Expenditure as % of Agency Expenditure 222

Staff Experience by Child and Family Services Agency 223

Summary of Manitoba Child Deaths: 1984 - 1986 290

APPENDIX

INTERVIEW LIST: INDIVIDUALS

NAME	POSITION
Herman Adrian	Team Coord., Child & Family Services of Central Wpg.
M. Joan Anderton	Director of Public Health Nursing, City of Winnipeg Health Department
Mary Andree	Trustee, Transcona-Springfield School Division #10
Mel Armstrong	Area Director, Community & Youth Services
Abe Arnold	Exec. Director, Man. Assoc. of Rights & Liberties
Cordell Barker	President, Manitoba Teachers' Society
Lori Barkwell	Interagency Group
Dr. Connie Becker	Director, Maternal and Child Health
Sandra Beaton	Teacher, William Whyte School, Winnipeg
Murray Bergman	Child & Family Services of Eastern Manitoba
Charles Birt	M.L.A., Fort Garry Constituency
Keith Black	Asst. Director, Child Guidance Clinic of Greater Wpg.
Stewart Boyce	Team Coord., Child & Family Services of Central Wpg.
Jennie Boyko	Exec. Dir., Child & Family Services of Winnipeg West
Eleanor Brokington	Student, Child Welfare Unit,First Nations Confederacy
Arnold Brown	M.L.A., Rhineland Constituency
Sandra Brown-Day	Acting Director, Child Care Worker Training Program, University of Winnipeg
Norma Buchan	Maternal and Child Health
Ruby Burns	Investigator, G.I.S., Royal Canadian Mounted Police
Margot Cameron	Supervisor, Wpg. South Child & Family Services Agency
Linda Campbell	Family Studies Group, School of Social Work, University of Manitoba
Tom Carberry	Supervisor, Community Services, Thompson Region
Heather Carruthers	Supervisor, Wpg. South Child & Family Services Agency
Russ Chambers	Winnipeg Child Abuse Program Coordinator, Child and Family Services
John Chudzik	Child Abuse Program Coord., Child and Family Services
Jan Clark	New Facess
John Clarkson	Analyst, Treasury Board, Manitoba Finance
Hugh Coburn	Trustee, St. Boniface School Division #4
Pat Cohen	Team Coord., Child & Family Services of Central Wpg.
Keith Cooper	Executive Director, The Children's Home of Winnipeg
Bert Crocker	Exec. Dir., Fort Alexander Child & Family Services
Carol Cronin	Executive Assistant, Child Health Committee, M.M.A.
Barbara Cummine	President, New Facess
Betty Currie	Case Manager, SCAN, Children's Hospital
Ian Cuthbertson	Manitoba Government Employees Association
Robert Daniels	Exec. Dir., Anishinaabe Child & Family Services
Lisa DeBeers	Sexual Assault Program Coordinator, Klinic, Inc.
Michael Decter	Consultant
Gerry Desrochers	Unit Coord., Child & Family Services of Eastern Man.
Ulysses Desrochers	Executive Director, MacDonald Youth Services
Brian Dixon	Guidance Counsellor, St. Norbert Collegiate
Diane Dolski	Witness Preparation Program
Donna Drever	Investigator, Children's Concerns, Ombudsman's Office

INTERVIEW LIST: INDIVIDUALS (continued)

NAME	POSITION
Carl Droznak	Supervisor, New Facess
Keith Duncan	Criminal Operations Reader, R. C. M. Police
Gordon S. Earle	Ombudsman, Province of Manitoba
Jane Earle	Exec. Director, Manitoba Foster Parents' Association
T. Reg Edwards	Deputy Minister, Manitoba Health
Dr. N. el Guebaly	Head, Dept. of Psychiatry, St. Boniface General Hosp.
Dr. Eric Ellis	Chairperson, Physical Abuse Committee, Children's Hospital
Dr. Charles A. Ferguson	Clinical Director, Child Protection Centre
Gary Filmon	M.L.A., Leader of the Official Opposition
Alan Finkel	Executive Director, New Facess
Elsie Flett	Exec. Coord., West Region Child & Family Services
Elaine Gelmon	Abuse Services Coord., C & FS of Winnipeg West
George Ford	Clerk, Executive Council, Province of Manitoba
Phil Goodman	Unit Coord., Child & Family Services of Eastern Man.
Brenda Gravenor	Senior Therapist, Child Protection Centre
Chief Judge Harold ff Gyles	Provincial Judges Court
John P. Guy, Q.C.	Assistant Deputy Attorney General, Province of Man.
Gerrie Hammond	M.L.A., Kirkfield Park Constituency
Patrick Harrison	Team Leader, Northwest Child & Family Services Agency
Myra Hart	Exec. Dir., Awasis Child & Family Services
Reid Hartrey	Probation Officer, Corrections
Norm G. Harvey	Exec. Director, Man. Association of School Trustees
Ernie Hasiuk	Director, Child & Family Services
Wayne Helgason	Team Leader, Northwest Child & Family Services Agency
Prof. Elizabeth Hill	School of Social Work, University of Manitoba
Josie Hill	Director, Ma Mawi Wi Chi Itata Centre, Inc.
Catherine Hudeck	Child Abuse Coord., Northwest Child & Family Services
Prof. Pete Hudson	School of Social Work, University of Manitoba
Mary Humphrey	Director, Child Day Care
Dr. Jerry Huot	Health Action Centre
Elaine Isaac	Child Welfare Advisor, First Nations Confederacy
Sue Johannesson	Team Leader, Northwest Child & Family Services Agency
Gary Johnson	Supervisor, Wpg. South Child & Family Services Agency
Gerry Kaplan	Coordinator, B.A.S.C. Inter-Agency Network
Maureen Kitchur	Abuse Services Coord., C & FS of Winnipeg Central
Ramon Kopas	Prevention Coord., Northwest Child & Family Services
Dr. Sylvia Kovnatz	Co-Chairperson, Child Abuse Committee, St. Boniface General Hospital
Kathy Kristjanson	Program Analyst, Child and Family Services
Ron Kuncewicz	Group Therapist, Marymound School
George Kuryk	Team Leader, Northwest Child & Family Services Agency
Dr. Jenniece Larsen	Director, School of Nursing, University of Manitoba
Alex Lawrence	Family Therapist
Terry Lejko	Abuse Services Coord., Winnipeg South C & FS
Jeanine LeMere	Crown Attorney, Department of Attorney General
Brenda Leslie	Trustee, Norwood School Division #8
Sergent Ian Logan	Coordinator, Child Abuse Unit,City of Winnipeg Police

INTERVIEW LIST: INDIVIDUALS (continued)

NAME	POSITION
Dr. Sally Longstaffe	Pediatrician, Child Protection Centre
Dennis Lucas	Consultant,Guidance & Counselling, Manitoba Education
Dr. Sharon MacDonald	Assistant Deputy Minister, Maternal & Child Health
Mike MacKenzie	Team Coord., Child & Family Services of Central Wpg.
Tim Maloney	Exec. Dir., Northwest Child & Family Services Agency
Dr. Peter Markesteyn	Chief Medical Examiner, Province of Manitoba
Pearl Marsden	Child Care Worker,Anishinaabe Child & Family Services
Bill Martin	Director, C.M.H.A., Manitoba Division
Evelyn Mathers	Residential Resources Coord., Child & Family Services
Dr. Kathryn McCannell	Asst. Prof., School of Social Work,University of Man.
Brian McCarroll	Administrative Coord., Child & Family Support
Ellen McConaghy	Abuse Services Coord., New FACESS
Gerald McConaghy	Trustee, St. Boniface School Division #4
Norma McCormick	Director of Health Promotions, Victoria Hospital
Hugh McCracken	Deputy Head Master, St. John's-Ravenscourt School
Dave McDonald	Team Leader, Child & Family Services of Eastern Man.
Elizabeth McGuire	President, Junior League of Winnipeg
Brad McKenzie	Director, Winnipeg Education Centre
Mary Elizabeth McKenzie	Consultant, Maternal and Child Health
Dr. Kenneth N. McRae	Director, Child Development Clinic, Children's Hosp.
Michael Mendelson	Deputy Minister, Manitoba Community Services
Gerry Mercier	M.L.A., St. Norbert Constituency
Dr. Laura Mills	Psychologist, Child Development Clinic,
Merv Miniely	Administrative Studies, Community Services
Heather Mutcheson	Exec. Director, Manitoba Adolescent Treatment Centre
Dr. Arnold Naimark	President, University of Manitoba
Shep Nerman	Executive Director, Manitoba Child Care Association
William Norrie	Mayor, City of Winnipeg
Sandy Oakley	Canadian Union of Public Employees
Ambrose Ojah	President, Manitoba Association of Social Work Administrators in Health Facilities
Ellen Peel	Team Leader, Child & Family Services of Eastern Man.
Prof. Addie Penner	School of Social Work, University of Manitoba
Hon. Roland Penner	Attorney General, Province of Manitoba
George Penwarden	Exec. Dir., Wpg. South Child & Family Services Agency
Drew Perry	Executive Director, Child & Family Services
Cheryl Pierre	Child Care Worker,Anishinaabe Child & Family Services
Dr. Brian Postl	Department of Community Medicine and Northern Medicine, Health Sciences Centre
Paul Redekop	Child Care Worker Training Program,University of Wpg.
Terry Rempel	Superintendent, Agassiz Youth Centre
Dorothy Rennie	Trustee, Fort Garry School Division #5
Jim Richardson	Supervisor, New Facess
Jean-Yves Rochon	Trustee, St. Boniface School Division #4
Barb Romano	Dept. of Social Work, St. Boniface General Hospital
Dr. Colin Ross	Asst. Prof., Dept. of Psychiatry, University of Man.
Len Rowntree	President, Child & Family Services of Central Wpg.
Dave Rundell	Exec. Dir., Southeast Child & Family Services

INTERVIEW LIST: INDIVIDUALS (continued)

NAME	POSITION
Roger St. Hilaire	Team Leader, Northwest Child & Family Services Agency
Tim Sale	Senior Policy Analyst, Manitoba Finance
Gerry Saleski	Trustee, Transcona-Springfield School Division #12
Claudia Sarbet	Trustee, Seven Oaks School Division #10
Gail Scheer	Trustee, River East School Division #9
David Schellenberg	Exec. Dir., Child & Family Services of Central Wpg.
Ron Scott	Supervisor, Seven Oaks Youth Centre
Esther Seidl	Exec. Dir., Dakota Ojibway Child & Family Services
Dr. H. Keith Sigmundson	Director, Pyschiatric Services for Children, Manitoba
Judy Silver	Trustee, Seven Oak School Division #10
Bob Smith	Supervisor, Anishinaabe Child & Family Services
Hon. Muriel Smith	Minister, Manitoba Community Services
Norma Spence	Awasis Child & Family Services
Dr. John J. Stapleton	Dean, Faculty of Education, University of Manitoba
Herb Stephen	Chief of Police, City of Winnipeg Police
Hon. Jerry Storie	Minister, Manitoba Education
Wally Stoyko	Trustee, Transcona-Springfield School Division #12
Malcolm Strang	Supervisor, Child & Family Services, Parklands Region
David Sullivan	Group Therapist, Marymound School
Linda Taylor	The Children's Home of Winnipeg
Ben Thiessen	Exec. Dir., Community & Youth Correctional Services
Betty Thomlinson	Member, Manitoba Association of Registered Nurses
Tom Townsend	President, Wpg. South Child & Family Services Agency
Dr. Linda Trigg	Clinical Director, The Children's Home of Winnipeg
Dr. Barry Trute	Professor, School of Social Work, University of Man.
Aleda Turnbull	Assistant Deputy Minister, Child & Family Services
Ben Van Haute	Placement Coordinator, Child and Family Services
Joanne Vikanes	Junior League of Winnipeg
Dr. John Wade	Dean, Faculty of Medicine, University of Manitoba
Jack H. Waldron	Exec. Director, Family Services of Winnipeg Inc.
Tom Walters	Director, Mental Health Services for Manitoba
David C. Waters	Exec. Dir., Child & Family Services of Eastern Man.
Myrna Whitehawk	Child Care Worker,Anishinaabe Child & Family Services
Robert Wiebe	Criminal Operations Reader, R. C. M. Police
Terry Williams	Supervisor, New Facess
Clay Wotherspoon	Director, Marymound School
Barnie Yellen	Executive Director, Jewish Child & Family Services
Dorothy Young	President, Child & Family Services of Winnipeg West

The Review Team acknowledges those social workers, clients and other individuals who participated in the review process but wished to remain anonymous. In total, approximately 700 people were interviewed, including meetings with all Child and Family Services Agency Teams.

INTERVIEW LIST: ORGANIZATIONS

1. Canadian Mental Health Association (Manitoba Division)
2. Canadian Union of Public Employees
3. Child and Family Services of Central Winnipeg
4. Child and Family Services of Eastern Manitoba
5. Child and Family Services of Winnipeg West
6. Child and Family Studies Research Group
7. Child and Family Support Directorate
8. Child Day Care
9. Child Guidance Clinic
10. Child Protection Centre, Children's Hospital
11. Committee on Child Care & Treatment
12. Community and Youth Corrections (Probation)
13. Day Care Program, University of Winnipeg
14. Department of Attorney General, Criminal Justice Division
15. Department of Attorney General, Provincial Court
16. Department of Education
17. Department of Health
18. Department of Health, Community Psychiatric Services for Children
19. Department of Health, Maternal and Child Health
20. Department of Health, Mental Health
21. Department of Psychiatry, St. Boniface General Hospital
22. Family Services of Winnipeg Inc.
23. First Nations Confederacy
24. Health Action Centre
25. Interagency Council
26. Jewish Child and Family Services
27. Junior League of Winnipeg
28. Klinic, Inc.
29. Knowles Centre Inc.
30. MacDonald Youth Services
31. Ma Mawi Chi Itata Centre Inc.
32. Manitoba Adolescent Treatment Centre
33. Manitoba Association of Registered Nurses
34. Manitoba Association of Rights and Liberties
35. Manitoba Association of School Trustees
36. Manitoba Association of Social Work Administrators in Health Facilities
37. Manitoba Association of Social Workers
38. Manitoba Child Care Association
39. Manitoba Foster Parents' Association
40. Manitoba Government Employees Association
41. Manitoba Institute of Registered Social Workers
42. Manitoba Medical Association, Child Health Committee
43. Manitoba Metis Federation
44. Manitoba Teachers' Society
45. Marymound School
46. Office of the Ombudsman (Manitoba)

INTERVIEW LIST: ORGANIZATIONS (continued)

47. Office of the Chief Medical Examiner
48. Northwest Child and Family Services Agency
49. Northeast Winnipeg Family and Child Extended Social Services
50. Parent Support Program
51. Provincial Advisory Committee on Child Abuse
52. Royal Canadian Mounted Police
53. Seven Oaks Youth Centre
54. St. Boniface Hospital Child Abuse Committee
55. School of Social Work, University of Manitoba
56. The Children's Home of Winnipeg
57. Winnipeg City Police
58. Winnipeg Foster Parents' Association
59. Winnipeg Receiving Resources Incorporated
60. Winnipeg South Child and Family Services Agency

MEDICAL UNITS - CHILD ABUSE REPORTING POLICY

Concordia: This hospital does not have a pediatric ward. If child abuse is suspected, the Child Protection Centre is notified in accordance with an Emergency Department directive. Should such a child require admission, he/she would probably be transferred to a pediatric facility.

Grace: This hospital does not have a written policy for suspected child abuse cases. The current procedure within the Pediatrics area is to report the suspicion to the hospital social worker *on approval of the physician*. A referral is then made to a child caring agency, the police, or medical child abuse unit by that social worker.

Health Sciences Centre: This hospital has explicit protocols for staff and students requiring the immediate reporting of suspected child abuse to a recognized medical child abuse unit, a child caring agency or to the police. In addition, the Health Sciences Centre outlines detailed responsibilities for house staff and nurses regarding: examination, investigation, consultation, charing, informing parents, mandatory reporting, examination of all siblings, and management of the child suspected of being abused.

Misericordia: This hospital has guidelines for responding to both suspicions of child abuse and child neglect. In all cases where child abuse is suspected, that child is admitted to the Pediatrics Ward. In cases where neglect is suspected, that child is also admitted if he/she is assessed as being in immediate danger. A social worker from the hospital is involved in the assessment process and also acts as the liaison person to community agencies. Should the child not require admission, the appropriate Child and Family Services Agency must conduct its own assessment prior to that child and family leaving emergency.

St. Boniface: This hospital has guidelines for the management of suspected child abuse cases within Emergency, ACF, Inpatient, Obstetrics and Inpatient Pediatric units. In Emergency and ACF, staff should attempt to notify the child's physician and immediately notify the hospital's Child Abuse Committee.

On the Obstetric and Pediatric Wards, the individual suspecting child abuse should immediately discuss the situation with the nursing representative of the Child Abuse Committee or the nurse in charge. An assessment is then undertaken by the child's primary nurse or the Committee's nursing representative in preparation for a consultation involving the attending physician, hospital social worker, and medical representative of the Committee. The social worker or delegate will notify the appropriate Child and Family Services Agency.

Victoria: This hospital has instituted an interim policy involving family violence since January of 1986. It is estimated that fewer than 25 cases of child abuse are detected by the Emergency Department annually. All suspected cases are to be reported by the nurse, physician or other health professional through the appropriate channels: to the Director of Social Work Services or staff social worker on site o on call; to the appropriate Child Care Agency or Medical Abuse Unit as per section 2 (d), "Manitoba Guidelines on Identifying and Reporting Child Abuse", 1984, should the Director or designate be unavailable; and, efforts should be made to detain the child in Emergency if deemed to be at high risk until a multidisciplinary consultation, including a social worker from the appropriate Child and Family Services Agency, can be effected.

Seven Oaks: This hospital has a three-part protocol for physicians requiring diagnosis, ensuring the child is safe, and calling the local child caring agency. The protocol also states that if the physician is considered "third party", attempts should be made to identify and contact the family physician. If this is not possible, the concern should be reported to the local child caring agency. The physician can choose to remain uninvolved upon making this point clear to the social worker. An appended list of child caring agencies predates regionalization.

LEGAL OPINION

His Honour
dge Arnold J. Conner

The Provincial Court of Manitoba

151 Princess Street
Winnipeg, Manitoba, Canada
R3B 1L1

November 4th, 1986

His Honour Judge Harold ff Gyles
Chief Provincial Judge
Main Floor, 373 Broadway Avenue
WINNIPEG, Manitoba
R3C 0T9

Dear Harold:

Further to your memorandum of October 21st, 1986, you asked me to prepare a response to two queries, namely:

1. Under what circumstances is the unsworn evidence of a child admissible in criminal matters?

2. Does such evidence always require corroberation?

As you are aware, the issues are covered by legislation. S. 586 of the Criminal Code provides:

> "No person shall be convicted of an offence upon the unsworn evidence of a child unless the evidence of the child is corroborated in a material particular by evidence that implicates the accused".

S. 16 of the Canada Evidence Act provides:

> "(1) In any legal proceedings where a child of tender years is offered as a witness, and such child does not, in the opinion of the judge, justice or other presiding officer, understand the nature of an oath, the evidence of such child may be received, though not given upon oath, if, in the opinion of the judge, justice or other presiding officer, as the case may be, the child

> is possessed of sufficient intelligence to justify the reception of the evidence, and understands the duty of speaking the truth.
>
> (2) No case shall be decided upon such evidence alone, and it must be corroborated by some other material evidence."

A child 14 years of age or older is presumed to have the capacity to understand the nature of an oath, and unless that capacity is challenged, the child may be sworn.

In the case of a child under 14 years of age, the judge must conduct an inquiry to determine whether or not the child understands the nature of an oath. Since the first question does not concern itself with this inquiry, I will not comment upon the law or the procedure in this regard, other than to say that if the judge determines that the child does understand the nature of an oath, the child may be sworn.

The first question concerns itself with the issue of what occurs if the judge determines that the child does not understand the nature of an oath and therefore cannot give sworn evidence. In that case the judge must proceed to determine whether the child is possessed of sufficient intelligence to justify the reception of the evidence and understands the duty of speaking the truth.

The question of sufficient intelligence is a question of fact and encompasses issues such as whether the child is capable of understanding questions put to him or her, is able to answer questions in an intelligible fashion and is able to comprehend the nature of the issues to be raised on direct examination and cross-examination.

With respect to the duty of speaking the truth, the law does distinguish between that duty and the understanding of the nature of an oath, although, I must say, the difference between the two has become very blurred and esoteric. In our everyday conduct, we are supposed to conduct ourselves in a truthful manner. That is an ordinary duty of normal social conduct. The understanding of the nature of an oath goes beyond the duty to speak the truth. It requires an appreciation of the solemnity of the occasion (the court proceedings) together with the assumption of the moral obligation to tell the truth on taking the oath and feel their conscience bound by it.

If the judge determines that the child is not possessed of sufficient intelligence to justify the reception of the evidence or that the child does not understand the duty of speaking the truth, the child may not testify in the proceedings. If the judge concludes that the child is possessed of sufficient intelligence and understands the duty of speaking the truth, then the child may give unsworn evidence.

This leads me to the second question. As s. 586 of the Criminal Code and s. 16 of the Canada Evidence Act state, the unsworn evidence of a child must be corroborated. However, there is an open question whether all unsworn evidence of a child need be corroborated. S. 586 states that "No person shall be convicted of an offence upon the unsworn evidence of a child" and s. 16(2) states that "No case shall be decided" upon unsworn evidence. Therefore, unsworn evidence of a child touching peripheral matters or given on behalf of an accused may not need corroboration.

Although not raised in your memorandum, one further point should be mentioned and that is the issue of child witnesses generally. The Supreme Court of Canada, in the case of Kendall v. The Queen referred to the rule of practice which requires the judge to warn the jury (or himself where he sits as the trier of fact) of the danger of convicting on the evidence of a child, even when sworn, the rule being based on a child's mental immaturity. The difficulty with a child's evidence is fourfold: (1) His capacity of observation; (2) His capacity of recollection; (3) His capacity to understand questions and frame intelligent answers; and (4) His moral responsibility. Thus, special caution must always be exercised in weighing the evidence of a child.

I trust you will find the above sufficient answer to the questions raised.

Yours truly,

ARNOLD J. CONNER
PROVINCIAL JUDGE

AJC/mrb

W.A.T.C.H. of Manitoba

January 12, 1987

Mr. Robert Onysko
Child Abuse Review Team
Room 301, 1200 Portage Ave.
Winnipeg, Manitoba
R3G OT5

Mr. Robert Onysko:

In response to your letter, W.A.T.C.H. of Manitoba is pleased to have an opportunity to express our concerns regarding issues pertaining to child abuse which affect family day care providers.

A major concern is the need for more information on the detection and recognition of child abuse situation in the family day care homes. The next concern is what do providers do when an abuse situation is suspected? What is the correct procedure to follow when reporting the situation?

Providers are also concerned over what their legal responsibilities towards the child are? For example; does the provider allow the parent to pick up the child from the day care when abuse by the parent is suspected?

Providers are also uncertain about ther right to feed back after a case has been reported. Are they entitled to know whether the situation was investigated, whether abuse had actually occured and what was being done to aid the child. It is felt that access to this information would help the day care provider aid the child in coping with the situation.

In summary W.A.T.C.H. of Manitoba sincerely hopes the need to use the system of reporting child abuse is not necessary for day care providers, however, we feel that it is important to be knowledgeable and prepared were such a situation to occur.

We are looking forward to reading the final report of the Child Abuse Review Team.

Sincerely,

Lori Ward-Brouwers for
W.A.T.C.H. of Manitoba

Hôpital Général - St. Boniface - General Hospital
409 Tache Avenue,
WINNIPEG, MANITOBA R2H 2A6
(204) 233-8563

December 22, 1986

Dr. Eric Sigurdson
Winnipeg Child Abuse
Review Team
Winnipeg, Manitoba

Dear Dr. Sigurdson:

In response to our conversations, and at your request, I am submitting a brief report on multiple personality disorder (MPD) in Winnipeg for consideration of your committee.

MPD is not a rare disorder. I have diagnosed 19 active cases in Winnipeg and am aware of three others currently in treatment. The epidemiology of MPD has not been worked out in detail but it occurs more commonly than 1 case per 10,000 people. I estimate that there are at least several hundred undiagnosed current cases in Winnipeg. I expect to diagnose 10-20 further Winnipeg cases in 1987.

MPD is a disorder in which two or more personalties co-exist in one body, and alternately take executive control. In a clinical series of 100 U.S. cases Putnam found that 97% were victims of severe childhood sexual and/or physical abuse. The remaining 3% had experienced neglect, loss and changes of caretakers. I have recently collected the largest series to date, consisting of 238 cases and have found that 61.8% of the Canadian MPD casses have been sexually abused, and 89.5% of the American. 69.9% of the Canadian MPD cases have been physically abused. In my own clinical cases 100% of the patients are female and all are victims of severe, chronic childhood sexual abuse.

Most MPD patients (65.5% in Canada and 91.3% in the U.S. in my series) have child alter personalities. These child alters frequently carry memories of the abuse for which the primary personality is amnesic. Current thinking is that MPD arises as a way of coping with the abuse: the patient splits her mind into pieces, and these pieces form into separate personalities.

There may be one personality to handle the patient's anger, one to contain the memories of abuse, another who takes control during the actual abuse, and so on. The alter personalities are created through a process of self-hypnosis, and are the abuse victim's way of surviving her traumatic childhood. In adult life the MPD is maladaptive because of the amnesia, conflict, suicide attempts and psychological pain characteristic of the disorder.

.../2

In 59 Canadian cases, which do not include any of the patients I have seen, 65.5% have overdosed, 50.0% have slashed their wrists, 75.0% have been admitted to hospital, 55.4% have been raped, most have received numerous psychiatric medications, 14.0% have worked as prostitutes and 12.5% have been to jail and 93% are female. These statistics are testimony to the severe consequences of childhood sexual abuse.

MPD is a treatable disorder. Current evidence is that patients who form a treatment alliance and work in psychotherapy can achieve integration in a little less than two years, on average. Once integrated they experience themselves and behave as a single person, and have a marked reduction in symptoms.

A paper in press at the Canadian Journal of Psychiatry describes the inpatient program for treatment of MPD we have developed at St. Boniface Hospital. It is one of only several such units in North America. I am personally known to and in communication with the leading MPD specialists in North America. We are thus in a position in Manitoba to be on the forefront of research and treatment of MPD.

Few clinicians are adequately trained in the diagnosis and treatment of MPD, in Winnipeg or anywhere in the world. A concerted educational effort is required, which we have begun with workshops locally, in Vancouver, and, in February, 1987, in the U.S. It is important that all professionals involved in child abuse be aware of MPD for several reasons: 1) so that cases are not missed; 2) because virtually all sexual abuse victims experience dissociative symptoms, and many have partial forms of MPD. MPD is the endpoint on a spectrum of increasingly severe dissociative disorders.

In Putnam's and my own series the average length of time from first presentation to a mental health professional for symptoms of MPD to correct diagnosis is just under 7 years. During this period both the patient and society bear heavy costs in terms of psychological suffering, utilization of medical and social services, antisocial behaviour and lost productivity. Also, the MPD patient is at risk both of further abuse and of abusing her own relatives and children.

In my series of 238 cases the average number of first-degree relatives with diagnosed MPD was just under 1.0, and the average number of additional suspected cases was just over 1.0. MPD patients come from multigenerational abuse families.

From this brief overview of MPD I come to the following conclusions:

.../3

1. There are probably several hundred undiagnosed MPD cases in Winnipeg.
2. MPD patients are at risk of being further abused and of abusing others.
3. There are many adult victims of childhood sexual abuse in Winnipeg with incomplete forms of MPD who could benefit from specific treatment.
4. There are probably a large number of children in Winnipeg who will develop adult MPD unless their ongoing abuse stops and they receive specific treatment for their childhood MPD. (Childhood MPD has been reported in the literature, and is generally highly responsive to short-term treatment.)
5. A number of Winnipeg children are probably being abused currently by alter personalities of their undiagnosed MPD parents, for which the primary parental personalities are amnesic.
6. A large number of Winnipeg prostitutes probably have prostitute-alter personalities, and are partially or fully amnesic for their prostitution when the primary personality is in control.
7. Winnipeg social workers and mental health professionals are inadequately trained in the recognition and treatment of partial and full MPD.

Yours sincerely,

Colin A Ross

Colin A. Ross, M.D., FRCP(C)
Assistant Professor
Department of Psychiatry
University of Manitoba

Pacific Legal Education Association

D.A.R.E. Program ☐
Residential Attendance Programs ☐
Volunteer Programs ☐
Employment Skills for Women ☐

23 January 1987

Professor Grant Reid
Co-Chairman, Child Abuse Review
301 - 1200 Portage Avenue
Winnipeg, Manitoba
R3G 0T5

Dear Grant:

I enclose, as requested, copies of program descriptions for two of our residential programs. Please note that these documents are proposals submitted in response to a tender call issued by the Province of B.C. Minor modifications were made during subsequent contract negotiations. They do provide a useful overview of the model, structure and financing of our programs.

I will send you an additional letter which responds more particularly to your questions respecting cost comparisons, the suitability of this approach compared to other service models, and the viability of long-term placements. I can briefly respond as follows:

1) We are not necessarily cheaper than a house—parent/relief staff group home; we're somewhat cheaper than a fully-staffed group home; and we're significantly cheaper than institutions (We do maintain a very low profile).
2) We believe there are significant advantages to placing difficult youth in environments which are not stigmatizing, which give greatest attention to positive behavior and success, and which minimize the negative influences of peers.
3) While our programs are restricted to serious YOA offenders, and referrals are for six (6) months with extensions approved in three (3) month intervals, we have successfully placed difficult youth for periods of one to three years. By 'difficult' I include lengthy and serious offense records, having experienced multiple unsuccessful placements, having a history of abuse, being learning disabled, and so on. A number of our clients have been prostitutes and are regarded as 'street kids'.

☑ 203 - 1159 West Broadway, Vancouver, B.C. V6H 1G1 Programs (604) 736-6667 Admin. (604) 736-4447
☐ 1652 West 8th Avenue, Vancouver, B.C. V6J 1V4 (604) 736-7775
☐ 27 - 1450 Johnston Road, White Rock, B.C. V4B 5E9 (604) 536-0919

If you have particular questions, please do not hesitate to call, and I'd be pleased to forward additional information. As a private agency, our access to information outside our own programs is limited. A government-to-government enquiry might be fruitful.

Regards,

Timothy A[illegible]
Executive Director

TA/jc

January 28, 1987
787-3038

Dr. Eric Sigurdson
Professor Grant Reid
Child Abuse Review Team
Pitney-Bowes Building
3rd Floor
1200 Portage Avenue
Winnipeg, Manitoba
R3G 3L5

Dear Sirs:

The Child Protection Centre appreciates having had the opportunity to meet with your Team and offers the following comments on your External Review-Interim Report.

The recommendation deserving primary consideration is that relating to the dispersal of the centralized Child Abuse Committees without your having, as we understand it, an official visit by the entire Team to those much maligned bodies. The Child Protection Centre had anticipated learning of their fate through the deliberations of the Sub-Committee on Committees chaired by Mr. R. Chambers.

These informal groups of professionals have had a precarious survival over the years. Denied a more formal mandate in past deliberations, they have failed to gain the full backing of turf-conscious Regional Administrators.

This basic Agency attitude plus claims that

- the Committees act as tribunals - use scare tactics;
- make decisions on case related matters;
- plot against family life;
- are inefficient, inappropriate and costly;
- coopt experienced workers to their philosophy;
- corral and control resources;

has hamstrung the concept and prevented its attaining a degree of credibility with line workers and higher level Child Welfare managers. In an attempt to overcome these allegations and the withdrawal of secretarial staff and minutes, the Committees chose to meet at Regional Offices, only to find Executive Directors avoiding contact.

When the recommendation first emerged that this vestige of centralist expertise be dismantled; there was general agreement there should be a review of the system of interdisciplinary committee consultation on controversial protection cases.

Despite intense discussion, the Child Protection Centre is unable to immediately envision a regional system which will work in the short term without consideration of a "phasing in" and due process, keeping in mind these are matters of life and death.

/2

The current Committee system allows
- interdisciplinary educative "upgrading";
- introduction of technical topics (e.g. polygraphy, colposcopy);
- a limit on professional costs (consultative disciplines);
- identification of "Region hopping" families;
- accessing of resources (for generic workers);
- Regional visits to occur regularly.

The Child Protection Centre, and everyone else in the field, is aware that the various Regions have seized upon the recommendation to decentralize and are currently either
- scrambling to recruit talent;
- hoping to shed bothersome so called "expert" committees;
- putting the whole item on "hold";
- banking on resources that may not exist.

Rather than battle the inevitable, the CPC feels some guidelines are advisable if such a change to Regional Committees is to occur:
- External chairman should be required - as recommended.
- Child abuse coordinators must continue to meet (invite collateral disciplines as necessary); incorporate Native representation.
- Regions must not "shed" expertise arbitrarily.
- Disciplines represented by sole practitioners (Police, therapists, psychology, probation) require preservation.
- Some Regions should consider joint (paired) meetings of combined committees with pre-selected case agendas.
- At least two of the Regions should make as few changes as possible children otherwise may unduly suffer.
- Any or all participant consultants should be able to enter cases or topics on agendas, latter to include "systems" faults.
- Minutes kept by Agency - accessible on site to members.

The Child Protection Centre, in order to serve children and families in a fashion similar to past years, would have to review its financial base before making further committments in official capacities in this more broadly based decentralized concept. The University and the Department of Pediatrics may well require a re-negotiation on payment for external services under a new set of rules.

This is not to hold the Review Team's recommendation hostage to the Centre's shrinking resources base but the reality is that no alteration in our staffing or funding has occurred over a 5 year period, placing enormous strain on our outreach capability as well as our basic on-site functions for the protection of children. Our view is that costs will escalate dramatically under this more formalized Regional concept. A new brand of consultant out there will not come cheaply.

If this recommendation is not carried out with care and proper timing, an unprecedented burden may fall on the already strained Child Protection System.

/3

A second recommendation requiring of an opinion is that wherein Regional Boards of Directors will take on the role of adjudicators in disputed protection cases.

Having tried to develop careers devoted to the complexities of decision-making in these kinds of situations, our view is that this is a quite remarkable suggestion - the ultimate conversion of lay people into referees on human survival - replacing professionals in the Child Welfare Directorate, and the Ombudsman.

This has to be a manoeuver to force upper level Agency bureaucrats into case related decision-making - accountability - an ingredient largely lacking in the current system.

If this is the purpose for Board education and potential adjudication - to force them and their Regions to the wall on accountability, then we are in agreement with the recommendation.

The Child Protection Centre agrees with the Review Team's Recommendations pertinent to
- increased Police experts - justified by relevant data;
- establishment of comprehensive service standards;
- a concept of global budgetting;
- increasing training for first responders - line Social Workers, Board members as well as University Undergraduates in Social Work (Medicine, Nursing, and Law).

In an overall sense, the Child Protection Centre appreciates the serious effort your Review Team has expended in compiling these recommendations. With the single exception of the matter relating to Regionalization of the Child Abuse Committees, it appears to have acted in measured and unbiased fashion, seeking to advance conditions for the healthy survival of children and families in what has been for years and is currently a remarkably chaotic system.

Yours truly,

C. A. Ferguson, M.D., C.M.
Clinical Director,
Child Protection Centre

Ken McRae

Kenneth N. McRae, M.D.
Director,
Child Protection Centre

CAF/KNM/si

Manitoba

Deputy Minister of
Health

Winnipeg, Manitoba, CANADA
R3C 3R8

JAN 22 1987

Dr. Eric Sigurdson
Child Abuse Review Team
Room 301 - 1200 Portage Avenue
Winnipeg, Manitoba
R3G OT5

Dear Dr. Sigurdson:

In reply to your request for information regarding the services, co-ordination and time associated with child abuse services by Manitoba Health, the following is provided:

Two branches of Manitoba Health are actively involved in the area of child abuse:

1) hospitals and community health centres funded by the Manitoba Health Services Commission which provide acute and primary care services

   and

2) the Community Health Services Division which provides prevention services.

1) Hospitals, both rural and urban, under their global budget, provide detection, diagnosis, referral and treatment services for child abuse via emergency ambulatory care and in-patient services. Specialized services and leadership in the treatment of child abuse is provided by the Child Protection Centre at Children's Hospital.

   The Child Protection Centre, under the auspices of Child Development Clinic at the Children's Hospital, is funded 6.5 equivalent full time positions by Community Services and Corrections. Additional services are supplied to this program, both professional and non-professional on a regular basis by the Child Development Clinic.

   Community Health Centres, similar to hospitals, are involved in detection, diagnosis, treatment and referral. Very specifically, Mount Carmel Clinic reaches the at risk children through the Children's Day Hospital and the Day Nursery. Child Care Workers and Nurses in these two programs assess and monitor on a daily basis.

...2

The High Risk Infant Follow-up Program, within the scope of the Child Development Clinic, is actively involved in primary and secondary prevention of child abuse. We know there is a high incidence of abuse to infants who are premature or who have congenital abnormalities. Thus there is a very definite thrust within the High Risk Follow-up Program to assist these infants and families.

Appropriately qualified employees of community health agencies and institutions funded by Manitoba Health participate on SCAN teams, Physical and Sexual Abuse Committees and the Provincial Advisory Committee.

The co-ordination of child abuse-related activities, within and between community health agencies and institutions is supported through defined referral procedures and forms. Planning and co-ordination with Child and Family Services occurs at the Regional Director level.

2) Community Health Services Division provides service in the areas of prevention, detection, referral and treatment of child abuse. Two program areas of Community Health Services Division are involved:

a) maternal and child health and b) mental health.

In maternal and child health, service regarding child abuse focuses on primary prevention, early identification and follow-up activities. These services are delivered by Public Health Nursing staff.

The Public Health Nursing statistical system does not differentiate child abuse-specific activities. These are subsumed under reported activities of assessment, teaching, counselling, home visits, nursing care/primary care, clinics, presentations, consultations, recording, liaison, intake, staff development, and meetings. All maternal and child health Public Health programs have a goal of promoting child and family health and preventing problems such as child abuse. Community Health Services Division maternal and child health programs account for approximately 35% of the time of the 150 provincial Public Health Nurses, and all maternal and child health programs are available throughout the province.

These programs include: Prenatal Education, Post Partum Follow-up, High Risk Infant Follow-up, Child Health Clinics, Preschool Assessment, Reproductive Health Promotion. Activities associated with these programs also incorporate referral and counselling on an individualized basis.

At the program development level, four professional staff in the Maternal and Child Health Directorate are actively involved in designing primary and secondary prevention strategies to promote child and family health, and to detect dysfunctions associated with potential child abuse. In addition, approximately 30% of one consultant's time involves child abuse treatment-related, or tertiary prevention activities.

...3

Child and Adolescent Mental Health Services is concerned with all aspects of psychological malfunction. Child abuse, as one of the causal factors in later mental health problems, is an issue to be addressed from a preventative and treatment intervention stance.

In rural/northern Manitoba, the Community Mental Health Worker (C/A) is involved at the identification, assessment and/or treatment levels of abused children/adolescents referred by the school system, day care centres, general physicians, and community service agencies. Based on the assessed need of the child/adolescent and other significant family members, the C.M.H.W. (C/A) provides direct treatment services or consultation to other professionals and service delivery teams.

In Winnipeg, Manitoba Health deploys child/adolescent psychiatrists on a part-time basis, to the Winnipeg Child Guidance Clinic and St. James Educational Support Services. These psychiatrists provide consultation to the multi-disciplinary service teams and direct treatment to selected clients, some of whom have a history of abuse as the presenting problem or concommitant with other presenting problems.

I trust the information provided will be of assistance to your Review.

Yours sincerely,

T. R. Edwards, C.A.

CANADIAN MENTAL HEALTH ASSOCIATION
SUBMISSION
TO THE
CHILD ABUSE REVIEW TEAM
ESTABLISHED BY
THE MINISTER OF COMMUNITY SERVICES, MAY, 1986

October 8, 1986
Approved by the Board
of Directors,
October 15, 1986

1. MISSION

The Canadian Mental Health Association is a nation-wide voluntary organization dedicated to the promotion of mental health among Canadians. It views the areas of prevention, treatment, after-care, and public education as being of utmost importance. Its' activities include community service, public education, social action/advocacy and research.

1.1 To engage in programs and activities designed to prevent human conditions that result in emotional ill-health.

1.2 To reduce dependency on institution-based care and programs and to promote the development of support systems and services, oriented to individual needs, based in the community.

1.3 To encourage public action and informed commitment toward strengthening community mental health services, legislation, and policies affecting those services; also toward belief in the importance of mental health both as a personal and as a community goal.

1.4 To facilitate the development and delivery of services directly to individuals and groups in the general community.

2. BELIEF STATEMENT

The Canadian Mental Health Association has clear beliefs about the provision of mental health services.

These beliefs include:

2.1 A commitment to the principle of CITIZEN PARTICIPATION planning, development and operation of services.

2.2 A commitment to the VALUE OF ALL PERSONS regardless of the degree of disability. Persons suffering from severe disabilities are believed to be no less valuable than other people and should be afforded the same dignity and respect as anyone else.

2.3 A commitment to the principle of CONSUMER PARTICIPATION in the planning, development, and operation of services (starting with the Canadian Mental Health Association). Consumers in mental health include persons currently involved with the mental health system, and persons formerly involved with the system and families and friends of service users.

2.4 A commitment to the concept of "COMPREHENSIVE" SERVICES. Comprehensive in this context meaning the intentional development of a wide range of services that is regionalized, has a fixed point of responsibility for development, direction, co-ordination, is responsive to community and consumer participation, and maximizes the utilization of natural community networks.

2.5 A commitment to the concept of RIGHTS AND SOCIAL JUSTICE as the "roots" of service delivery. The Canadian Mental Health Association is not committed to any clinical or professional theory of the nature of mental disorder and what constitutes the "correct" response. The Canadian Mental Health Association is however, part of the larger society and views as one of its principles the protection of people from violation of their human and legal rights.

CMHA, Manitoba Division endorses the principles for mental health service delivery of the 1983 report of the Mental Heatlh Working Group Report Mental Health Services in Manitoba: A Review and Recommendations. These principles are appended to this submission.

3. TREATMENT

In the areas of both physical and sexual abuse, there is a serious lack of services available to provide psychological treatment for both victims and offenders. The report of the Committee on Sexual Offences against Children and Youth, under the chair of Dr. Robin Badgley, clearly raises a concern about the lack of resources for tackling the problem nationwide. Certainly, this dearth of services exists in Winnipeg.

Recent data has revealed that males are also quite often victims of abuse and that many male victims later become perpetrators of the same kinds of crimes committed against them. The incidence of sexual abuse of young males is still grossly underreported. Furthermore, a typical offender begins molesting at about age 15; and assaults well over 100 children. It is axiomatic that female victims have an opportunity to regain a sense of psychological well-being through treatment; it is also axiomatic that efforts be made to work with male victims with the goal of stopping the generational pattern of abuse. Perpetrators of child abuse are very often older family members.

RECOMMENDATIONS

3.1 To further develop treatment resources for victims of sexual abuse.

3.2 To develop intervention strategies for offenders.

4. THE FAMILY

While it is important to attend to the needs of individual victims and offenders, very often the family dynamics that allowed the situation to develop are insufficiently addressed. The safety of the child is the paramount concern in dealing with abuse situations; thus, at times separation of a child and parent is necessary. However, interventions should be the least disruptive to the family as possible; and that resolution of the problem within the family is the optimal solution for children. In fact, resolution is important to the mental health of all family members.

RECOMMENDATIONS

4.1 To maintain the safety of the child as the paramount concern in dealing with abuse situations.

4.2 To develop training expertise and programs addressed to family therapy in child abuse situation.

4.3 To further develop resources in Winnipeg where families can be treated.

5 PREVENTATIVE SERVICES

As in many areas of mental health, we think, that in addressing the problem of child abuse, greater emphasis should be placed upon preventative services. Current theories of child abuse examine three areas in determining etiological factors: The characteristics of abusing parents which impede their capacity for child rearing; the contribution of the "vulnerable" child to his/her scapegoating and abuse (e.g., a hyperactive child); and environmental/socio-economic factors which exacerbate the situation. Abusive parents are often in need of forms of support other than psychotherapy. They are often quite needy individuals themselves, isolated, over-stressed, and sometimes ignorant of child-care techniques. Support to families in the form of parent-aides, homemakers, and day care options are viable means of supporting the family as a basic source of care and nurturance for children. While the Child and Family Services Act places greater emphasis than the previous Child Welfare Act on these preventive forms of intervention, greater outreach and development of these services in the community is in order. Furthermore, these services should work in tandem with those providing the therapeutic support; parent aides, and homemakers are often not trained to understand and treat family dynamics. Despite good intentions, they can further undermine parental functioning in the family which can only be seen as destructive and intrusive. In the interest of the psychological well-being of the child and family, it should be recognized that these practical supports may be required on a fairly lengthy, if not permanent basis, as an alternative to removal and permanent placement of a child - a psychologically and economically costly endeavour.

RECOMMENDATION

5.1 To strengthen the environmental/socio-economic support such as parent-aides, homemakers and day care options.

6 SYSTEM DELIVERY

A major issue to be addressed is the respective roles of the Child Welfare System, the Mental Health System and the Educational System in tackling the problem of child abuse. Different systems tend to own a "piece" of the child, but presently no formally mandated mechanisms exist to ensure adequate case management of abuse situations, adequate documentation of treatment, or adequate monitoring of follow-up care.

CMHA supports a system of management and treatment which is primarily community-based, but with an identifiable locus of responsibility within government. The bulk of the monies for treatment of mental health problems (which result from situations such as child abuse) tends to be allocated to hospital systems, rather than community-based agencies which deliver much front line and preventative care. The Child Welfare System is overburdened and the psychological needs of those directly involved in child abuse situations often go unmet. We would advocate for an amelioration of these difficulties by supporting community-based systems extant; not by funnelling the care-giving to more tertiary oriented organizations, i.e., hospitals.

RECOMMENDATION

6.1 To develop a system of management and treatment of child abuse issues which is in accord with the principles and of service delivery as outlined in the 1983 Report of the Mental Health Working Group.

Ombudsman Manitoba

750 — 500 Portage Avenue
Winnipeg, Manitoba R3C 3X1
Telephone: (204) 786-6483

December 12, 1986

Professor Grant Reid
Child Abuse Review Team
3rd Floor 1200 Portage Avenue
Winnipeg, Manitoba
R3G 0T5

Dear Professor Reid:

Further to our meeting of December 8, 1986 I wish to advise you that the Ombudsman has received 24 complaints from January 1, 1986 up to and including December 2, 1986 which relate specifically to Child and Family Services Agencies. These complaints include allegations of inappropriate care of children in foster care; access or denial of visiting rights to children in care; delays in dealing with child welfare issues; dissatisfaction with assistance or counselling being received through child and family services agencies; concerns re investigations into allegations of child abuse; allegations of unfair treatment by child caring agencies; some issues relating to adoptions; concerns over apprehension of children by child and family services; concerns over the actions of an agency or worker; allegations of lack of information received by agencies in custody/apprehension disputes; and concerns with respect to the removal of a foster child from a foster home.

In addition the Ombudsman initiated four investigations on his own initiative (as provided for under Section 15 of the Ombudsman Act). These investigations related to: concern over the fairness of recording procedures of the child abuse registry; monitoring the investigation into the recent series of infant deaths in Winnipeg; following up on recommendations which had been made previously by the Ombudsman in 1984 related to the proceedure for reporting of and handling of child abuse cases; and monitoring the actions taken as a result of the inquest into the death of a youth.

. . 2

As we also discussed our office has dealt with several other mplaints which, while not directly related to child and family services encies, have involved: children in the educational system; children in uth detention centers; and reports prepared by the family concilliation rvice in custody disputes. We have also reveiwed concerns relating to ployment Services and Economic Security which have some direct bearing on ildren or older teenagers. There would be approximately 10 to 15 complaints these various categories.

I trust that this information is what you required and will be of me assistance to you. However, should there be any further questions please not hesitate to contact me directly.

Yours truly,

for Donna Drever (Mrs.)
Investigator (Childrens Concerns)

:lw

MANITOBA ASSOCIATION OF SOCIAL WORKER

5 - 1767 PORTAGE AVENUE, WINNIPEG, MANITOBA R3J 0E7
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January 28,1987

Child Abuse Review Team,
301 - 1200 Portage Avenue,
Winnipeg, Manitoba
R3G 0T5

Dear Sirs;

This letter is a follow up to our initial contact with the Committee and is a specific response to the November 1986 Interim Report.

In our August '86 meeting, we discussed our association's major concerns with respect to child abuse, that being;

The need for:

1. training and and support of all personnel working in the mandated Child and Family Service agencies who are dealing with abuse;
2. recognition of the complexity, time requirements and need for coordination of services in dealing with abuse work;
3. internal mechanisms of supervision and consultation within C&FS agencies; and
4. service standards.

The Interim Report is a laudatory effort to review and consider existing issues of Child Abuse in our service delivery system. It is laudatory because it has outlined not only an overview of the service delivery system, but it has focused on intrinsic details as well.

In principle, MASW supports five of the recommendations and is not necessarily opposed to the other seven. However, the Interim Report does not adequately document support for its recommendations; one example: each reader has to judge which statements in the body support which recommendations. Our experience suggests some recommendations may be premature and we caution the Committee against trying to solve too much too quickly. Many of the problems are deep-seated, long-standing social problems. Others, however, are a direct consequence from the recent restructuring of child and family services when

(a) many changes were not well thought out nor carefully planned with anticipated results and

(b) all the necessary pieces were not in place.

Hopefully, the final report will assist government and agencies to more effectively implement necessary changes through clarification of issues and problems; one example: Diagram I; Child Abuse Reporting System, page 27 of your report.

cont'd. . /2

MASW's major recommendations, in reponse to the Interim Report are:

That the Final Report:

1. include a mission statement for Child Abuse Service systems in Winnipeg which would be a more specific statement of direction than that found in the Declaration of Principles in the Act;

2. priorize all recommendations;

3. include facts which support the recommendations (eg. why $8,000 per Agency for Board Member training?) and

4. provide time lines for implementation of each recommendation.

Within the framework provided by our four major recommendations, we address the recommendations which we (A) unequivocally support; (B) are not opposed to in principle; and (C) consider premature.

A.

MASW supports five of the Interim Report recommendations in the following priority:

1. establishment of comprehensive service standards for all Child and Family Service agencies;
2. comprehensive orientation and training packages provided for all social workers and supervisors within the Child and Family Service agencies;
3. establishment of individual CFS Agency Board Appeal Committees and
4. appropriate use of this appeal system; and
5. development of an integrated, multidisciplinary training program for first responders to child abuse;

1- The recommendation for service standards is absolutely critical. Given the complexity of abuse work, the development of standards, with all that this implies, is undoubtedly the most important task we face as a community concerned for children and families. These standards are important for all areas of work with children and families, otherwise, how do we know that the services provided are satisfactory?

cont'd.../3

2- MASW advocates that with both government and agencies (Boards and Staff) greater stress and attention be placed on:

a) proper definition and implementation of supervisory/middle management supports for line-workers in child abuse;

b) guidelines for selection of supervisory staff to ensure proper background, skill and knowledge and a willingness to learn and change;

c) proper in-service, staff development and orientation programs on an routine basis;

d) proper organizational development supports which place an appropriate emphasis on teamwork development, decision-making, communications, coordination and collaboration within the child and family services system;

e) greater cost-consciousness through hiring effective and properly trained social workers.

3/4- MASW strongly supports the creation of agency-based Board Committee appeal systems before involving the larger bureaucratic system. It is essential that terms of reference and procedures be precisely and clearly written, publicly available with well documented results in the annual report of each agency.

Such an appeal process would be available to consumers as a way of bringing the agency to re-examine service delivery choices which have been made and so should enhance the quality of future service provided. However, this should not be an additional step hindering necessary immediate action from being taken by a worker.

5- Front-line workers (e.g. first responders) in the area of Child Abuse must receive appropriate support and recognition within their respective organizations for the special, time-consuming and complex nature of the work they are expected to do. Within the preactice of social work, we believe this issue should not be defined as specialist vs generalist worker. No matter what portion of a social worker's workload consists of abuse cases, child abuse workers need sufficient organizational support to enable them to adequately master and fulfill elements of abuse work such as, critical and quick decision-making, liaison with a number of (professional) systems and the co-ordination of many actors from these different systems.

One of the supports which should exist for these workers is , as stated in the recommendation, an integrated, multi-disciplinary training program. However, we believe the report should go further in addressing other organizational supports which should be developed by each agency.

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B.
MASW questions the following Interim Report recommendations which are not adequately substantiated though we see merit in their underlying principles;

6. assigning more police officers to the Child Abuse Unit;
7. $8000. for Board member training;
8. reviewing only the undergraduate program of the School of Social Work; and
9. suggesting that some other disciplines (teachers, day care workers, physicians and public health nurses) review their curricula to provide better education and training re: child abuse.

6- There may well be a need to increase staff, especially since we believe there is an increase in the reported number of abuse cases. However, the Interim Report provides no statistics nor references to substantiate this premise. Regardless of how inadequate the current statistical records, they should be examined.

Page 50 of the Report states, "There is consensus that hiring more investigators would be helpful in supporting the work of child protection workers as well as allowing for more prompt response time in some instances of abuse."

consensus? - among whom?

some instances of abuse? - which types of abuse? - the Committee acknowledges different types of abuse but not identify nor distinguish what they are.

prompt response? - how long does it take the police to respond now? - ideally, what length of response time can be realistically expected, and for which types of abuse?

more officers? - which kind of officers? - how many more officers (at $40,000/year) are needed to bring the response rate down to a reasonable length of time? - with proper training in child abuse, could present officers respond more efficiently? - would a time-limited increase enable the system to be sufficiently evaluated in order for the government to consider more effective long range planning?

We urge the Review Team to consider substantiating this recommendation, or recommend that the 'apparent problem' of insufficent staffing be more thoroughly addressed.

7- Recommendation for Board member training needs to be considered within an overall agency context, in tandem with service delivery, the agency budget, and, most importantly, in line with a philosophical statement which encompasses the provincial/community goals for child care including services to families.

cont'd.../5

8- MASW supports an examination of the undergraduate curriculum at the School of Social Work, by the School, but the graduate and continuing education programs also require review with input from the community, and the profession through its association, MASW.

MASW advocates that at all three levels: undergraduate, graduate and continuing education, there be:

(a) a more comprehensive and broader exposure to child abuse and family violence theory and practice;

(b) greater emphasis on developing clinical skills in planning, assessment, intervention, treatment and evaluation;

(c) sufficient skill, knowledge and expertise to deal with primary intervention upon graduation from the BSW program;

(d) continuing emphasis on cross-cultural issues (attitudes, beliefs and practices as they relate to family violence and child abuse);

(e) greater emphasis on systems and case management;

(f) continuing emphasis in the Masters program practicums and theses on service settings geared to multi-disciplinary intervention, assessment and treatment in child abuse;

(g) greater emphasis on improving professional effectiveness amd excellence in work in abuse;

(h) more research in abuse.

(i) greater emphasis on opportunities to learn a wide range of preventive interventions such as building support networks for service users.

9- A more comprehensive, directive approach is needed when recommending curricula review of other teaching institutions.

C.

MASW has concerns that three recommendations are premature. The present child and family services system has not had sufficient time to adequately incorporate and assess the effectiveness of the major changes implemented with the formation of five new CFS agencies. The specific recommendations:

10. global agency budgeting;
11. a regional child abuse review committee for each agency; and
12. adequate support for same;

may indeed improve the system but when timing is appropriate.

10- With respect to financial management, clearly the present system of financing is cumbersome and costly in terms of time/energy necessary to access funding in many instances. Page 86 of the Interim Report cites one example. However, beyond this we see no budgetary allocations that will/could further enhance and make effective the Child Abuse delivery system. Attention to the "infra-structure" is necessary to render the Report's recommendations useable and transferable to the present service delivery system. More in-depth assessment of financial allocations and staffing systems are needed to substantiate this recommendation.

cont'd.../6

11/12- Similarly, the absence of the Physical and Sexual Abuse Committees' terms of reference and necessary staff support are examples of lack of planning during the re-structuring three years ago. We fail to see wisdom in the recommendation to develop six new structures so quickly, particularly when the very basic component parts - terms of reference and staff resources - can be easily remedied by the government providing them. Taken together with MASW's and the Committee's stated concerns for standards, training, quality interventions, etc., we are unclear as to the benefit of moving to regionalized committees now, given the paucity of current resources. In the short term at least, surely staffing for two rather than six or twelve committees is financially more cost-effective, and administratively less disruptive to the neophyte system.

10/12- The Management Information System, addressed in this report is a most relevant issue. Since the decentralization of the CFS agencies and the further continued impetus to de-centralize the Multi-disciplinary abuse committees, it will be imperative ultimately to devise a system which has the capacity and sensitivity to input and provide information pursuant to all cases, across all agency jurisdictions.

In July 1986 MASW, with the Manitoba Institute of Registered Social Workers, urged the public to recognize that any major system changes require approximately one to three years to implement, then three to four years to assess the real value and impact (Letter to the Editor, Winnipeg Free Press, July 13,1986). We re-iterate this point of not making major system changes prematurely.

In conclusion, MASW believes the first nine recommendations would not drastically change the present system and in principle have the intent to help improve it. Some need to be better substantiated before we can agree with them. The last three recommendations would effect major changes in a system still trying to find its legs.

We appreciate the opportunity to have met with the Committee and to have responded to its work. We trust that our comments will be viewed as constructive and hope the Committee sees the wisdom of our four major recommendations when writing its final report. Lastly, we urge the Committee to underline the obvious need for the community/government will to put the recommendations into action. With repeated concerns for restraint and community agreement for the major recommendations, insufficient funds would be a travesty. We must all ensure the availability of necessary funds and a commitment to make the system work.

We look forward to the final report.

Sincerely,

Janet Handel.

Janet Handel,
President.

MANITOBA FOSTER PARENTS' ASSOCIATION, INC.
161 Mayfair Avenue Winnipeg Manitoba R3L 0A1
(204) 284-0843

October 9, 1986

Dr. Eric Sigurdson
Chairperson
Child Abuse Review Committee
Room 301, 1200 Portage Avenue
Winnipeg, Manitoba R3G 0T5

Dear Dr. Sigurdson,

Thank you for the opportunity of meeting with your committee to discuss our concerns with respect to foster homes and the implications of inadequate services to foster homes to the question of child abuse in Winnipeg. As we discussed , some of the issues we raised with you were not specific to Winnipeg but are perhaps more evident here because of the many changes in child welfare over the past three years.

Approval of Foster Homes: The Provincial Standards in foster care, require that foster homes be formally approved through a process which requires a careful assessment of the internal stability and nurturing qualities of a family as well as physical requirements which ensure a safe environment. Because of the changes in the child welfare system in Winnipeg - but in other parts of the province, as well - our contacts would indicate that many of the people conducting these home studies do not have sufficient training in the important aspects of conducting such a home study. The element of desperation (no home for a child) or lack of time (workload) may also impinge on the adequate assessments of homes.

The province of Manitoba does not require that a formal home study be completed when approving relative placements. However, it is our expectation that an agency satisfy itself that the home is a suitable environment for the child. Our offices have become aware over the past year of a number of homes where children are placed in an emergency or relative placements pending approval where it does not appear that adequate assessment has been carried out.

While we, as an Association, recognize the importance and validity of relative placements, we feel it incumbent upon those placing children in such an environment, to pay particular attention to the stability of the placement since often the circumstances which prevent one family being able to care adequately for a child, may be a part of the life experience of the relative placement as well. An example of this is the parent who abuses because of abuse which he/she suffered as child; other children, now adults, in that family, may have suffered the same abuse. Another example along those same lines is parents who are inadequate parents because of the inadequate parenting they received.

Matching of Children: With the present desperation for foster homes and the small geographical areas within Winnipeg, it is more and more difficult to match children to appropriate homes. This is crucial to the well being of the child and the family in which the child is placed. When children are placed inappropriately, there is greater likelihood for abuse to occur in a foster home and at the least children do not have their needs met. With regionalization, there appeared to be, originally, a commitment to share resources for hard to place children. However, as it becomes more and more evident that certain areas are not developing an adequate foster care program, and that the load is increasingly being borne by those placing emphasis on developing and supporting a resource program, there is less interest in sharing resources. There needs to be acceptance for the concept that while regionalization and community involvement are important, the needs of a child may not be met within a small geographical area and there is a responsibility for all agencies to develop resources rather than leaving the task of development to a few.

Specifically, we commend Central Winnipeg and Eastern Manitoba for their work in developing resources. Winnipeg must address the question of the uneven distrubition of resources and the reason for that uneven distribution. How can the area most lacking in foster resources at regionalization (Central), increase its numbers of homes over one hundred percent in one year and a tremendously rich area decrease in its number of foster homes (Northeast) in the same period of time. At the present time, other agencies often borrow homes, place children in those homes and do little else in the support of these families. One of the problems may be that sufficient dollars are not attached to the provision and development of the foster care resource.

Support: An agency who does not know its foster homes well, places a child at risk. This is a particular problem with our new agencies in that we do not have the benefit of having built up our resources slowly and while developing a working knowledge of the families to who we entrust children. With all foster homes, there should be a commitment to get to know the family. This is even more crucial in Winnipeg because of the newness and for relative placements for whom complete assessments have not been conducted. A friendly visit on a regular basis will usually identify a child who is unhappy and particular attention can then be paid as to the reason why. It has been our experience through the many calls we get from foster families who state that they have not seen a worker "since placement" or up to six months after placement that it is a wonder that more children have not died while in the care of an agency. In all honesty, we are probably not aware what is really happening to many of our children.

Support is crucial. Support must be provided with the underlying premise of the foster family as colleagues; that support must be given by people trained in healthy family relationships who have an understanding of the resources within the child welfare system available for foster families. That lack of knowledge, since regionalization has been a continual source of frustration for foster parents. In addition to this, line staff social workers appear to have very limited information as to how children (abused, neglected) react in an family environment and are so busy that the foster family does not become a crisis unless a move presents itself. Consequently, they are of little resource for foster families.

Foster Care Coordinators in Winnipeg are exceptional. They need to have more staff help so that they can be used as a greater training resource to line staff workers.

Abuse Allegation Against Foster Parents: All of us accept that abuse may occur in foster homes as it occurs in all parts of society. We also know that abused children who have experienced a life of neglect and abuse attempt to recreate that situation in the homes where they are placed because it is the only way of life which they know and in which they feel comfortable. Adequate support relieves pressures and frustrations as well as identifying risk situations.

However, the child welfare system with its many professionals must recognize that some of the allegations of abuse are the product of confusion of abuse that took place previously, etc.. All abuse allegations *must* be investigated. However, that investigation must be fair to all concerned. It has been our experience that many workers in the Winnipeg area, are not aware of the various possibilities with respect to a child's allegations within the context of a foster family. General knowledge which is accepted as the response of an abused child's fear and confusion is sometimes not given the same consideration when the allegation is against a foster family member. The tone of the investigation is one of proving guilt instead of searching for truth. Support cannot be provided by the agency as the agency is in a "conflict of interest" position, leaving the foster family without any support. In fact, if they contact a lawyer to help them sort through the confusion, they are often seen by agencies as being "guilty". This concern is being heightened in some of the Winnipeg regions because of the perception by foster parents that their workers are not knowledgable in this area and that they will be left alone if an allegation is made.

The second major concern of foster parents is around the issue of abuse occurring in foster homes by foster children placed there, to other permanent children living in the homes. There appears to be little effort to acquaint foster families of this possibility and little perception on the part of workers as to the preventative approach they need to be taking. It would seem that with the concern of the public regarding what is happening to children in the specific area of abuse, the committee must put some emphasis on the effect of children's services agency placing abused children who then abuse natural or permanent children in the home. Foster families desperately need *expert* supervision and support along with education of this specific phenomenum if we are not to be just setting up other children to be abused.

Our Association has developed a placement of abused children policy which we feel would be a tremendous preventative approach in working with abused children. We invite your response to this policy which we hope to be presenting at a council of children caring agencies shortly.

It seems self evident to our Board of Directors that when dealing with the issue of children being abused we need to have a total approach to addressing the problem. This includes the child who is not removed from his/her home *as well as the child who must come into care*. We strongly recommend to your committee that some consideration be given to preparing foster families to be able to be members of the treatment team. We fool ourselves when we fail to recognize that all most of these children get is a new home. We need to prepare those homes to protect the children already resident there and to be able to understand and nurture abused children in the context of a family member.

On a closing note, during our meeting with your committee on July 21, 1986, we mentionged the hostility of the Winnipeg Executive Directors to the Association which culminated in their excluding our Association representatives from the Winnipeg Foster Care Coordinators meetings. Our perception is that this group of Foster Care Coordinators carried foster care through regionalization and that all members worked together to find solutions to various problems as they arose. We feel that this was a very detrimental step and not in the "best interests" of children in care.

However, since that meeting, a task force was struck by the six agencies and the Winnipeg and Manitoba Foster Parents' Association. It is our hope that this task force will address some of the problems which, unresolved lead to children moving unnecessarily and substandard homes being used.

We look forward to the publication of your report. If we can be of assistance, please feel free to contact us.

Yours truly,

M. Jane Earle
Executive Director

cc. Leah McCallum

MJE/ath

50 Years of Service

FAMILY SERVICES OF WINNIPEG INC.
400 - 287 BROADWAY, WINNIPEG, MANITOBA R3C 0R9. PH. (204) 947-1401
PRESIDENT: BRIAN HODGSON — EXECUTIVE DIRECTOR: J. H. (JACK) WALDRON

January 14, 1987.

Winnipeg Child Abuse Review Team,
1200 Portage Avenue,
WINNIPEG, Manitoba.
R3G 0T5

Dear Sirs,

Response to Interim Report of November, 1986.

Thank you for sharing with us a copy of your interim report, and allowing us an opportunity to comment. We have directed our comments primarily to the recommendations, but have also commented on one or two other points on which we have had direct experience.

1. We completely agree with the recommendation that more police officers be assigned to the Child Abuse Unit.

2. With regard to recommendation two, we would like to make the following suggestions, namely:

(a) that each agency establish, if they have not already, an internal appeal process to review service complaints;

(b) that ONE appeal committee be established to service all six agencies and that this committee be modelled after the Social Services Advisory Committee whose responsibility it is to hear clients who feel that they have been unfairly treated by the Social Allowance system. This would have the advantage of bringing a great deal more consistency to an appeal process, as well, of course, as consistency in the service standards within individual agencies. This question of consistency is one that your committee has also addressed on the question of standards and it seems to us that that should be applied to the appeal process as well. This committee should be knowledgeable of the Child & Family Services Act and have a clear understanding of the dynamics involved in child abuse and neglect, therefore training and remuneration would be essential. One committee would therefore be more practical and cost effective.

3. The recommendation in regard to service standards we whole heartedly endorse In this complex task of setting acceptable standards it seems to us that there is really no necessity to re-invent the wheel, and that there is considerable advantage to having these standards objectively established and evaluated by outside third

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party experts. It seems to us that the system would therefore be well served by an accreditation process. Family Services of Winnipeg is accredited by the Council on Accreditation of Services for Families and Children Inc., which is jointly sponsored by Family Service America, Child Welfare League of America, National Conference of Catholic Charities, Lutheran Social Service System, National Committee for Adoption and the Association of Jewish Family and Children's Agencies. This particular process offers a number of excellent standards in all areas of service, both administrative and professional, and the methods used, including that of peer evaluation, are excellent methods of approaching this complex task while at the same time insuring that the general public as well as the staff, board, clientele and government feel confident that their agencies are living up to a set of standards commonly recognized as some of the most well-developed in North America. It is interesting to note that Jewish Child & Family Services of Winnipeg is now accredited, and that the Knowles Centre is also seeking accreditation through this organization. It is also interesting to note that the State of Oklahoma has recently been accredited for all its services to families and children, and several other states in the United States are seeking accreditation.

An additional benefit to the agencies in terms of developing standards would be networking more with other Family Service agencies in North America. Memberships in Family Service America, Family Service Canada and the Canadian Council on Homemaker Services would be a valuable asset for them as they would gain much from the well developed information sharing networks that these organizations offer.

4. Your recommendation with regard to global budget is understood and we have some sympathy with the recommendation. We are somewhat concerned, however, that all monies targeted for preventative services could be eaten up by the necessity to deal with crisis situations, i.e. mandated services, and we therefore believe that some funding control is required. Perhaps a compromise is possible which might afford greater flexibility and autonomy while maintaining sufficient budgetary control to ensure a balanced perspective.

5. With regard to the recommendation that six multi-disciplinary child abuse committees be created, we agree that the need for consultation has outgrown the capacity of the existing committees, and heartily concur with the observation that the committees operate without clear terms of reference or resources to support their effective functioning. Moreover, we have long been puzzled by the frequent failure of Child & Family Service workers to operationalize case decisions arrived at by committee consensus.

There is, however, a danger inherent in beginning anew with untrained, inexperienced professionals, particularly physicians who may not ever see sufficient abuse cases to establish expertise in diagnosis or credibility in court. We wonder whether the City of Winnipeg Police, Child Abuse Unit, Child Guidance Clinic, Child Protection Centre and the Parent Support Program can or will stretch to cover six committees? We are further concerned that six sets of standards will develop.

If these committees are to be developed it is imperative that the Child & Family Directorate assume a major role in establishing standards and protocols and to providing training to ALL those who are to be involved PRIOR to the committees taking on this responsibility. Perhaps newcomers should serve an internship on the existing committees in preparation for their new role.

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We have a further concern with regard to those who move frequently. Unless there is a strong liaison between agencies and committees, families and valuable history about these families will be lost.

6. The recommendation that each Child & Family Service agency establish adequate supports seemed somewhat vague and open to interpretation, that is, what kind of supports are needed and what are "adequate supports"? Further clarification is required.

7. The recommendation with regard to the development of comprehensive orientation and training packages for social workers and supervisors we feel are very valid. A considerable emphasis needs to be placed on knowledge of community resources, specifically what resources are available, and how to access them. The United Way offers excellent short courses (Referral Agent training courses), which could possibly be incorporated into the orientation packages. It has been our agency's experience that workers from the 6 Child & Family agencies are not always aware of services already available in the community. At times it seems agencies may try to develop programs similar to existing programs in the community. In other cases clients may not get needed services due to a lack of knowledge about what is available.

The further recommendations our agency concur with, with possibly a reservation about the specific amount of dollars designated for Board training and education. This, of course, is a small amount of dollars in the total context of the budget, but it seems to us to be somewhat excessive given the Board's role as being that of governance and not of management or control - and in view of the annual turnover of Board membership.

Background

In reference to the background and the reason for the review as discussed in pages 10 to 18 of the report, it appears as though the emphasis is primarily directed at the agencies response to abuse rather than what the agencies are doing to identify the at risk children and the potentially abusive parents early enough to prevent the abuse from happening. While it is agreed that as stated on page 11, "... the new Child & Family Service Act emphasises the primacy of the family and responsibility of the community to support the healthy functioning of families ..." it is a concern that a misunderstanding or misinterpretation of the Act is resulting in a trend towards too many "unhealthy" parents raising children who are not receiving even a basic standard of care or nurturing. Unhealthy parents who are unable or unwilling to provide basic care for their children cannot realistically be supported forever or, worst yet, left to parent their children without supports. Perhaps it is time that the child have his own legal representative in court to ensure that his/her rights are given priority when the rights and needs of everyone cannot be simultaneously served.

It has been our agency's experience when making referrals to the Child & Family Service agencies that cases are not opened until actual abuse has occurred or until the family situation has become extremely explosive. At this point the situation has deteriorated to such a degree that a climb back upwards is next to impossible. Family supports placed at this stage are primarily a response to a crisis and are child protection focused rather than preventive and developmental.

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We do not believe that this was the intention of the Act and feel that a major problem lies with the fact that SECONDARY prevention seems to be a missing link in the system with agencies jumping directly from primary preventive services to tertiary services. It seems that the Act itself, and how it is applied, has created confusion and inconsistencies in the system.

There also seems to be some confusion regarding "identification of child abuse" vs. "early identification of the high risk child". For example, we believe that supports placed with an adolescent parent or a recently separated parent are valid and cost effective as studies have shown that children of these parents are in a group at high risk for abuse. To wait until the abuse occurs before providing supports seems to defeat the purpose of the Act.

Following are the definitions used and few examples of our agency's understanding and approach to prevention:

Prevention - 3 levels

1. Primary prevention - through the earliest and most effective form of intervention - aimed at enhancing/developing family life (raising the level of basic self to a higher level of maturity and adaptive behaviour than parents and grandparents).

   Service Provided

   - public education - counselling and community services, Family Services of Winnipeg Inc.

   - consistent exposure of the child to an organized and nurturing household prepares him/her for a satisfying life. Child may be from a choatic household but is not yet exhibiting symptoms of deterioration. Intervention - Homemaker or Special Needs Day Care Departments (through role modelling effective behaviour, nurturing, valuing, stimulating and setting appropriate limits for the child).

2. Secondary prevention - a later intervention - high risk of rapid deterioration of family functioning if supports are not provided, but a high chance of recovery if they are. Supports are provided in response to a sudden onset of a crisis (death, illness, separation, etc.) and also to families under high stress due to self-directed and pressurized attempts to improve life (under-privileged single parent attending education program), parent is temporarily overloaded with stress and unable to manage children or household. Children at risk.

   Service Provided

   - counselling

   - usually homemaker for a short term - gives parent a chance to resolve difficulties and to re-organize.

   - referrals may be made to Special Needs Family Day Care and/or to other community resources.

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3. Tertiary Prevention - intense intervention due to deteriorated family functioning. Problems (family violence, etc.) in most cases have existed for more than one generation and strong patterns have developed. Parents may be severely limited in parenting skills due to lack of guidance and negative life experiences. Children exhibiting atypical behaviour and damaged. Recovery may be very slow for the entire family.

   Service Provided

   - teaching homemaker to assist the parent to improve parenting skills and to provide nurturing, love and consistent limit setting to children. It is important to safeguard the children's physical and emotional development while the parent is not functioning.
   - Special Needs Family Day Care
   - counselling

System Response

We agree that the current system is highly complex and confusing as the diagrams so clearly show.

Intake - it is our strong belief that the intake position is one of high importance as assessment skills need to be well developed in order to appropriately evaluate and take action on the intake call. We do not believe that clerical staff have these skills and that rotating staff would have difficulty in developing the expertise required. Benefit of full time workers whose only responsibility is to do intake would be to diffuse some of the confusion felt by the public and to assist the agencies to develop a better rapport with referring organizations.

Child & Family Support Branch

We agree that there seems to be a lack of clarity about the roles of the Directorate vs. the roles of the agencies and feel that this must add considerably to the stress felt by the agencies.

Child & Family Service Agencies

It is presumed that the EFT's referred to on page 44 are all social workers as this number closely matches the number of social workers on page 78. We noticed that there were no statistics mentioned in the report regarding the number of cases. If these numbers are not available, it would seem to be impossible for management to plan services, programs and staffing in any meaningful way.

Child Guidance Clinic - is seen as an excellent treatment centre but poses a problem for agencies making referrals to it due to the gearing up and gearing down time required for the two month summer vacation period.

Homemakers - the question of when and how to use homemakers in the system has still not seriously been addressed. Well trained and well supervised homemakers can be

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effective CHANGE AGENTS for multi-problem families, SUPPORT to families under stress, RESPITE to overwhelmed families as well as other functions.

Homemakers who are not trained, supervised, and whose roles are not clearly defined are not usually able to provide a standard of service that is helpful and cost effective. There are many standards set out by the Council on Accreditation for Services to Children and Families that are extremely worthwhile and relatively inexpensive which our agency adheres to as part of our accreditation. We strongly feel that these standards make a significant difference to the quality of the service provided.

In the current system there remains confusion as to roles and responsibilities in terms of homemaker services. The old CAS would provide (tertiary) emergency and 24 hour service while our agency would provide more secondary preventive services as well as teaching homemaker services.

Most of the six agencies have developed their own services and some supplement their homemaker supply by purchasing services directly from Medox and Upjohn. Most refer to our agency for teaching homemakers and other services etc. where certain skill and expertise is required. They are able to and do use our subsidy program and so there is usually no cost to the Child & Family Service agency when a referral is made. We notice that there are flurries of referrals from these agencies as their funding runs out. Because we are not alerted to their funding problems in advance it is difficult for us to predict when this activity will occur thus further complicating our own funding and planning dilemma.

Service Delivery - page 72

With regard to the generic-specialist argument, we would like to express our concern with the all consuming nature of abuse work and crisis work generally. Our observations of the Child & Family Service system since "decentralization" have given us increasing concern over non-crisis families where intervention could truly be effective. The Child & Family workers do not have time to give proper attention to pregnant and parenting adolescents with the result that many are receiving no counselling until they arrive at hospital to give birth. They are generally not amenable to help with "birth resolution" at this time. Point Douglas Highschool (school for pregnant teens) and the Young Parent Community Centre have noticed a corresponding decrease in referrals since the demise of the CAS Winnipeg perinatal unit. Moreover, such non-crisis work as adoption has slowed to a standstill. There are apparently 90 children awaiting placement and it is our contention that without a specialized adoption worker who can give priority to their needs and who has expertise with hard to place children, they are in for a long wait and/or risk an adoption breakdown.

Thank you again for this opportunity to comment.

Sincerely,

J. H. Waldron

J. H. (Jack) Waldron
Executive Director

JHW/jw

REPORT TO:

The External Review Team Responsible for Investigating Matters Relating to the System of Dealing with Child Abuse in Winnipeg

Child and Family Services of Central Winnipeg
December 1986

Prepared by:
Maureen Kitchur, Coordinator of Child Abuse Services
Authorized by:
David Schellenberg, Executive Director
Len Rowantree, Chairman of the Board of Directors

The Child Abuse Review Team has met with various groupings of Agency staff and Board members since it began its investigations and in the process has received many hours of feedback about how the abuse system impacts on and is itself impacted on by our Agency. In particular, the following opportunities for dialogue have occurred:

July 16/86 - Review Team meeting with the Board of Directors, the Executive Director, and the Abuse Coordinator

September 15/86 - Dr. Sigurdson and Bob Onysko met with staff and Team Coordinator at 425 Elgin office

October 2/86 - Grant Reid and Jay Rodgers met with staff and team coordinator at 583 Ellice office

October 3/86 - Grant Reid, Bob Onysko and Jay Rodgers met with staff and team coordinator at 819 Sargent office

October 10/86- Bob Onysko and Jay Rodgers met with staff and team coordinator at 640 Broadway office

January 16/86 Bob Onysko scheduled to meet with members of the Resource Team at 294 William Avenue

Throughout these meetings (excerpted minutes of which are appended) a number of common concerns and issues were raised, and this report will attempt to organize and summarize these concerns in a concise fashion. In so doing, this report will attempt to respond to the major recommendations made by the Review Team in their November 1986 Interim Report.

Agency Concerns Regarding The Child Abuse System in Winnipeg

1) The Police

The Agency's feelings about the role and response of the Winnipeg City Police Abuse Unit in abuse cases are generally quite positive. It is generally agreed that the head of the Abuse Unit and his investigating officers have responded with skill and sensitivity when called upon by our staff. It is also agreed, however, that they frequently are unable to respond quickly enough because of their staff shortage. When this has occured, it has often placed victims and staff in an untenable position. For example, staff are sometimes faced with the choice of (1) making a victim wait several weeks to be interviewed by a member of the Winnipeg City Police Abuse Unit, or (2) having a victim interviewed by officers from the Youth Division. Officers from the Youth

Division are generally less well trained in abuse and have been observed, on occasion, to treat victims with great insensitivity. When this happens, the child can be so intimidated as to withdraw or minimize their disclosure. The child, in effect, feels at best misunderstood, and at worst, blamed for the abuse. The anger and frustration engendered by this kind of situation for both victim, worker (and often parent or foster parent) is significant. As well, an investigation by officers unskilled in abuse can end up being a waste of police staff power because the disclosure obtained is often insufficient to proceed and the child ends up having to be re-interviewed (that is, if they do not withdraw their disclosure altogether).

Conclusion: Our Agency is in agreement with the Review Team's recommendation that more police officers be assigned to the Child Abuse Unit. We would hope to see such officers being able to stay in the Unit once they have acquired skill, however, and not being rotated to other departments on a regular basis as occurs presently.

2) Children's Hospital

Mixed feelings were expressed about the role of Children's Hospital in abuse cases. Many staff feel that the hospital's resources are severely overtaxed and that while they are capable and often do provide very professional service to victims, they frequently are unable to see children quickly enough. As well, their attitude to our staff is perceived to range between supportive and collegial to brusque and condescending. Perhaps the greatest source of this latter perception is the lengthy delays that some staff experience when they take a child to be examined at the Child Protection Centre. Staff who have waited for several hours with a cchild and who are then on the receiving end of the hospital's frustration about our inability to provide good placement and treatment resources feel scapegoated. In these situations, Agency staff feel that the difficulty of their jobs is not recognized and they may not be eager to return to the Child Protection Centre.

Conclusion: The Child Protection Centre at Children's Hospital is seen as a valuable resource, but one with whom our relations sometimes suffer because of their lack of resources and because of our lack of resources, training and time.

3) Schools and Child Guidance Clinic

Mixed feelings were expressed about the role of the school system and the Child Guidance Clinic in abuse situations. Teams report that some schools and some Child Guidance workers report abuse allegations in a responsible and cooperative fashion and that some do not. Specifically, it was noted that some schools and Child Guidance Clinic workers report early in the day, provide demographic information on the child and family, and indicate a willingness to take a supportive role with the child and/or family if appropriate. Such referrals enable our Agency to assess risk more quickly and to priorize and respond to referrals more effectively. Frequently, however, schools are unsure about what constitutes abuse, they report late in the day even after having been aware of an abuse situation for several hours, and/or they refer a situation without many of the demographic details that enable us to check through the system for previous involvement with the child/family. In such situations our Agency becomes responsible for educating collaterals about abuse and how to report it, and we feel this is a task that falls outside our mandate and beyond our over-stretched resources. Our abuse coordinator has made efforts to liase with the schools in this regard, but has found the task of educating school staff to be too large in relation to her time available.

In response to the schools' oft-heard complaint that child and family service workers do not report back to them about the outcome of an investigation or the disposition of a child, we largely acknowledge the validity of their complaint. Our lack of communication to schools after a referral is sometimes simply an oversight, but more often a reflection of the harried pace which workers maintain in trying to execute basic responsibilities. It is however, noteworthy that the schools in the area we serve have not brought forward any concerns when they were contacted in writing.

Conclusion: We concur with the Review Team's Interim Recommendation that the Province and teachers, day care workers, physicians and public health nurses participate in the development of an integrated multi-disciplinary training program. We also see it as essential that after training ocurs, the school system monitor and support its staff in order that they respond to abuse situations in a consistent fashion.

4) The Role of the Child Abuse Committees

Our Agency views it as essential that multi-disciplinary consultation occur in abuse cases, and some staff feel that the Physical and Sexual Abuse Committees have been an invaluable source of support and direction in this regard. Others have felt that the Committees are intimidating, unsupportive and critical of their handling of a case. In the latter situation, our Agency views the problem as having two possible sources: (1) the lack of training, and therefore the lack of skill and confidence on some workers' parts that has been alluded to in Section 2 of this report and (2) the lack of understanding on the part of some committee members about the extremely difficult job of enforcing a mandate, providing support and treatment, monitoring and developing resources for each and every child and family a worker has on their caseload.

Neither of these factors can be easily overcome, but since multi disciplinary consultation is essential, steps must be taken that will minimize their role in creating tension. Our Agency feels that the Review Team's Interim Recommendation regarding the creation of regional Child Abuse Committees will go part of the way towards alleviating the situation. However, several qualifiers are attached to our Agency's support for the concept of regional abuse committees:

A) consultation teams are no substitute for properly training workers. Unless workers are given the benefit of adequate training, they will always perceive themselves to be in a subordinate position at a consultation committee and they will therefore be more likely to be resistant, resentful or intimidated in such a forum.

B) A consultation team must itself be composed of adequately trained members. Our Agency hopes to retain the expertise of present staff from the Child Protection Centre, the police abuse unit and probation.

C) We endorse the Review Team's wording of the recommendation that Agency Abuse Committees will provide consultation "on difficult child welfare cases." We feel that this broader scope will encourage workers to bring cases forward for discussion before they become abuse cases and will therefore have some preventive effect.

D) The new structure should have the capacity for the participation of all the professionals from all the teams in a joint forum to share information on cases that cross Agency boundaries and to share experience and learning.

5) Treatment

Virtually every staff person in our Agency has identified the lack of treatment resources as a fundamental and serious problem in handling child abuse cases. The problem has three main components:

a) lack of training -- not all workers are interested in treating abuse, particularly sexual abuse, but those who are generally lack the training to do so

b) lack of time -- even where a worker has the expertise, the pressures of a heavy caseload dictate that there is inadequate time available to treat even one child. A worker who wishes to maintain and develop clinical skills may schedule regular sessions with a child or family, but unless these sessions are scheduled after hours, on the worker's own time, the worker and client generally run the risk of being interrupted by emergencies. A system which cannot accomodate treatment for its clients is unlikely to ever be perceived by the community as being anything more than a social control agency, and is likely to continue to lose some of its best and brightest employees.

c) lack of money -- staff who lack time and/or expertise to treat clients should be able to, at the very least, refer clients to someone who can provide what our Agency cannot. However, a lack of treatment and assessment funds has placed our staff in the demoralizing and untenable position of having to tell clients that they cannot receive services.

Conclusion: The Review Team's Interim Recommendation "that the province provide the child and family services agencies with a global budget" will in part assist our Agency in addressing the treatment (and placement) needs of abused children.

6. Training

The issue of training has entered into our discussions on virtually every aspect of the abuse system. The Province hired two provincial trainers to alleviate the problem. However, the lack of communication and activity from the office of the trainers has led staff to feel that their training needs are not being taken seriously, and combined with the lack of comprehensive service standards in the area of abuse, one wonders how workers are expected to make good judgements in abuse situations at all.

As well, new staff coming from the School of Social Work at the University of Manitoba have virtually no training at all in abuse, and combined with a lack of experience, they are faced with a heavy burden in having to effectively handle the child abuse cases on their caseloads.

Our Agency has attempted to offset this situation somewhat by hiring a coordinator of child abuse services in June of 1986. She has been assessing staff training needs, providing some individual and team training, and developing a comprehensive Agency plan for training all staff who deal with abuse. However, her time to do this is limited by her other duties, and it is our Agency's perception that her training tasks are made more difficult by the lack of concrete assistance from the provincial trainers.

Conclusion: Our Agency agrees with the Review Team's recommendations that:

a) "the province establish comprehensive service standards for all child and family service agencies," and we feel that the provincial trainers should take an active role without delay, in training workers to deliver abuse services according to such standards.

b) "that the Province and Child and Family Services agencies expedite the development of comprehensive orientation and training packages for social workers and supervisors"

c) that the School of Social Work review its undergraduate curriculum for the purpose of providing more education and training specific to the issue of child abuse"

7. Third Party Sexual Abuse

Considerable discussion has occurred in our Agency regarding proper procedures for handling third party sexual abuse assaults, and it is our perception that the Interim Report does not adequately address this issue.

It is our Agency's position that the Child and Family Services Act and subsequent Directives have inadequately dealt with the subject, and our Agency has taken steps to provide guidelines to staff for the handling of third party abuse. Our abuse coordinator has drafted a protocol which has been adopted after careful legal scrutiny (copy in appendix)

It is our Agency's view that the Family Support Project at the Child Protection Centre plays an essential role in providing service to victims of third party assault and to their families, and we feel that the Province has an obligation to provide financial support to this component of the child abuse service system.

8. Regional Board Appeal Committees

The concept of appeal committees established by individual Agency Boards has not been widely discussed at the staff level. However, we do have the following observations to make on the proposed committees:

a) It is felt to be appropriate by our Agency that we should have the opportunity and mechanism to review service complaints since it is our responsibility to deliver service. If we are to be accountable to the community in which we are situated, we must be able to review and respond to client complaints directly

b) the Agency does in fact have a policy whereby complaints are to be referred to the Board if they cannot be resolved at the staff level

c) No complaints have reached the Board level. However, the Board would take whatever steps were necessary to maintain client confidentiality. In order to make this work the client should continue to have the right to direct their complaint to the Minister's office if they are concerned with confidentiality.

MK/DLS/ec

CHILD AND FAMILY SERVICES OF CENTRAL WINNIPEG - Maureen Kitchur

PROTOCOL ON HANDLING THIRD PARTY ASSAULTS - July 1986

It is becoming increasingly apparent that what are known as "third party assaults" have serious child welfare implications for the families served by the Child and Family Service agencies.

When third party assaults are brought to the attention of the Agency, several important questions must be answered before the Agency can be sure that the referral falls outside our legal mandate.

Specifically, the following items need to be addressed by the Intake worker:

1) Are the child's parents believing and supportive of the child's story?

If not, the child may be at risk emotionally or even physically. The referring agent will usually be able to give a preliminary idea of how supportive the family is.

2) Where were the parents when the assault occurred?

The parents' effectiveness in protecting the victim and other children in the family needs to be addressed. There may have been no way for the parents to protect the victim in the particular circumstances in question, or there may have been factors over which the parents had some control (ie., did they choose an inappropriate babysitter, are they leaving young children without supervision, were they drinking, did they allow inappropriate/unsupervised access to their children,etc.)

3) Have other children in the family been the victim of any type of assault?

If yes, this can be a strong indicator of a family which is unable to protect its children. The family may be appropriate for the Family Support Project as a place to learn prevention/protection skills (in which case CFS may not need to do more than monitor progress), or the family may be so dysfunctional/disorganized that supportive intervention is inadequate and more intensive intervention is necessary.

4) Is the alleged offender living with or supervising other children?

In third party assaults, particularly where there is a lack of medical evidence, police involvement may be minimal. As a result, the offender may not be charged, and he/she may continue to have access to other children. (This can happen even if the offender is being charged). While it is not CFS' function to do police work, it is our role to ensure that other children are protected from an alleged offender.

* * *

Addressing these concerns should involve the following steps:

a) If the referral comes from the hospital or Child Guidance Clinic or school, gather from them as much information related to the above four questions as possible.

contd...

b) Check the main office and 114 Garry Street for files on the child and/or family. When a file exists, it should be briefly reviewed to determine whether child protection issues have existed in the family previously, and if so, whether they were satisfactorily resolved.

c) Make contact with the family to obtain complete information. In cases where the referring agent feels risk is minimal and the family is handling the crisis well, this may involve a simple follow-up telephone call. In cases where the referring agent feels that the family is not handling the assault appropriately, or where our files indicate a history of child welfare concerns, a visit to the family home may be required.

d) Check with police as to the dispostion of the case. Is the offender being charged or detained? In either case, steps need to be taken to protect children with whom the offender has contact.

If the offender lives in our area and is a juvenile, this may mean intervening in the offender's family to ensure that he is properly supervised and that other children in the home are properly protected. This may involve warning the parents and stipulating how they must supervise the child, and it may involve referring the juvenile for treatment, even if the evidence is not sufficient for him to be charged. In situations where the family "shuts down" and is totally uncooperative, it may mean arranging for the offending child to be removed from the home (by arrest or by apprehension, and only in consultation with your supervisor or the abuse coordinator).

If the offender lives in our area and is over 18, ensuring that children to whom he has access have not been offended against may involve interviewing those children in a secure setting (ie., school, etc.)

If the offender lives outside the agency's jurisdiction, the appropriate child welfare agency should be notified for follow-up after Consultation with supervisor or The abuse coordinator.

The guiding principle in assessing risk vis a vis the offender is to remember that male offenders virtually always repeat the offense unless they receive treatment or unless potential victims are removed from their reach. A warning or punishment is rarely sufficient to deter a sexual offender.

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In situations where investigation confirms that there are no child welfare concerns, but that the family is needing support, referral to the Family Support Project is the appropriate step. (Please see Family Support Project Referral Criteria.)

Whether child welfare concerns are readily identifiable or not, the referral must still be documented as an intake (Open and Closed on Intake), and must be reported to the abuse coordinator.

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